# FOR STATE HEALTH DEPT.

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

00585

			-						Reg. D	ist. No	).	
1.	PLACE OF DEATH		06		2.	USUAL RESIDENCE	(Where deceo	sed lived. If instit	utian: Resid	ence be	fore odm	ission)
	o. COUNTY	rchester		MARYLAND		o. STATE Mary	vland	b. COUNT	Wic	omic	20	1
	. CITY OR TOWN (II	outside corparate limits, write	RURAL	c. LENGTH OF STAY IN 16		c. CITY OR TOWN		porole limits, write				wn)
	and give nearest town)	mbridge		5 mos. 5 days		Sale	isbury			27	10.	2
			If not in bo	spitol, give street address)		d. STREET ADDRESS				0.00	le. IS R	ESIDENCE
						207	Tr (1-1	Jana Arra				A FARM?
1	NAME OF	N SHORE ST		Middle				Llege Ave				
	DECEASED (Type or print)	Fir		Middle		Lost	4. DATE OF	Mont		Day		Yeor
-		Milli	-			Abbott	DEATH		uary	15		9 60
5.	SEX.	6. COLOR OR RACE			8. DAT	E OF BIRTH		9. AGE  In years   last birthday)	Manths	Days	Hours	Min.
	Female	White	WIDOW	- Land		ember 29	188	7476				
10c	<ul> <li>USUAL OCCUPATION</li> <li>Buring most of working</li> </ul>	N (Give kind of work of life, even if retired)	done 10b.	KIND OF BUSINESS OR INDU	STRY	1. BIRTHPLACE (Sia	te or foreign	country)	12. CIT	IZEN O	F WHAT	COUNTRY
	Dressmak			-		Maryla				U.S	.A.	
13.	FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME					
1	William	Abbott				Caroli	ne Malo	one				
		R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFOR	MANT		Address				
1	No	-		none	RE	CORDS: E	ASTERN	SHORE ST	ATE H	OSPI	TAL	
		H [Enter anly one cas	se per line	for (o), (b), and (c).						INTE	EVAL BETW	EUN
		H WAS CAUSED BY:	(	Cerebral vascu	lar	accident				ONS	LO da	avs
	221	DUE TO										3
	Canditions, if or	w which I										
	gave rise to immed	iate couse								-		
	(a), stating the u	nderlying DUE TO										
8	PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEATH BUT	NOT	ELATED TO THE TER	MINALDISEA	E CONDITION GI	VEN IN PA	RT 1(o) 1		AUTOPSY DRMED?
13	Frac	cture neck	right	t femur.							YES []	NO X
CERTIFICATION	20a. EXTERNAL CAU	SE WAS ITRIBUTING E		e how injury occurred.								
	CAUSE OF DEATH.			•			•					
WEDICAL	20c. TIME OF INJUR	Y Month, Doy, Yes	20d.	INJURY OCCURRED 20e. PL le Not while for ark at work	ACE O	F INJURY (Home, fo treet, office bldg., e	fc.)		(Co	unty)		(Stote)
ME	7.30 200	12-28- 19	59 of w	ark at work		spital	Car	mbridge	Do	r.		Md.
	21. I certify th	of I took charge	of the	remains described ob	ove,	held on Autor	osy 🔲, I	nspection 🔼	, Inqui	гу 🔲	, on	d in my
	opinion deoth	resulted from: I	Voturol	couses K., Accident		Suicide ,	Homicide	. Undete	ermined	monne	er 🔲	
	20.31 -76	()		0								
	ACTUAL	Low	-2	erre X	M.I	CHIEF MEDICAL	EXAMINER [	]			DATE :	SIGNED
				1		ASSISTANT MED	CAL EXAMIN	ER 🔲				
	EXAMINER'S NAME (Type)	John 1	lace .	Jr.		DEPUTY MEDICA	L EXAMINER			1,	/15/	60
220	BURIAL, CREMATIO	N. 226. DATE THEREC	)F	22c. NAME OF CEMETERY O	R CREA	MATORY	T22d_LOCA	TION (City, lawn,	or county)	7	(Stat	
	BURING BURING	11-18-19	60	Parsons Ce	me	lery	1 da	lesbu	ul,	m	9	
23.	FUNERAL DIRECTOR	SIGNATURE	000	ADDRESS	ha	1 /	C'D BY REGIS		STRAK'S SH	GNATU	RE	

Balser

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral ding it Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files.

TO FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours offer death. VS. A15ME BM 2/57

# MARYLAND STATE DEPARTMENT OF HEATTH-ENATIONS .... MEDICALESCALMER'S CERTIFICATE OF DEATH

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	and the second later than the second later			
		order of the second		

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VS A15 (4) 1SM 10/57

MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1
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CERTIFICATE OF DEATH

Reg. Dist. No.

0058	5
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				(eg. Dist. No.
PLACE OF DEATH  o. COUNTY		2. USUAL RESIDENCE (WH	ere deceased lived. If institution:	Residence before admission)
Dorchester	MARYLAND	Marylan	b. COUNTY D	orchester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	OF STAY IN 16	c. CITY OR TOWN (If o	utside corporate limits, write RUR	At and give nearest town)
71 11 6 1 00	ars	X Fishing	Creek	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION		d. STREET ADDRESS		e. IS RESIDENCE
Rural		Rural		ON A FARM?
	Middle	Lost	4. DATE Month	
DECEASED (Type of Control of Cont	Lampus	Bassler	OF DEATH January	Doy Yeor 27,1960 19
. SEX 6. COLOR OR RACE 7. MARRIED NEVER	R MARRIED [	B. DATE OF BIRTH	9. AGE (In years IF	UNDER 1 YEAR IF UNDER 24 HR
Female White WIDOWED	DIVORCED	January 29.18		Months Doys Hours Min.
o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUS	INESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNT
during most of working life, even if retired) Homemaker				17 G
. FATHER'S NAME		New York,		U.S.
01 1 1 1 2				
Christian Lampus . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECU	DITY NO. 117 IN	Barbara M	leyer Address	
es. no. or unknown) (If yes, give war or dates of service)	KITT 190. 17. 11	W CRIMAIN!	Agoresi	
No	Mr	s. George J.F	limm Fishing Cre	ek.Md.
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	G TO DEATH BUT I	NOT RELATED TO THE TERMI	nal disease condition given	IN PART I(o) [19. WAS AUTOPS
				PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NURY OCCURRED	). (Enter noture of injury in f	Part 1 or Port 11 of item 18.)	
COC. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCUR Hour o. m. While Not while p. m. 19 of work □ of work	le foct	CE OF INJURY (Home, form, tory, street, office bldg., etc.	20f. (City or town)	(County) (Stat
21. I certify that Jottended the deceased from	10/18	1957 10 /	127 1965	hat I lost sow the decea
alive on 1 4 , 10 60, and	d that death	occurred of 9,00	PM, from the causes and	
CHICH F	-		ADDRESS (Street, city or town, sta	
SIGNATURE SIGNATURE	YZ.	105	CHURCH	-31. 1/28
PHYSICIAN'S W. E. GUNB	YUR	Cam	budge 3	narylan
	OF CEMETERY OR	CREMATORY	22d. LOCATION City, town, or o	county) (State)
Burial Jan. 30, 1960 Wood	lawn Com	eterv	Mt. Vernon N.	Υ.
ADDRESS	S	240 REC'I	BY REGISTRAR 24b. REGISTR	AR'S SIGNATURE
furelly thousands	bridge, Mo	DATE	28 1 '60 Cm	inur S. Thomas

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		Land Control of the C	
	Pured on the State of		
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may be retained by

VS A15 (4) 15M 10/57

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00587

**CERTIFICATE OF DEATH** 

		041			Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Dorchester	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary	here deceased lived. If institution b. COUNTY	
B. CITY OR TOWN RURAL ond give	(If outside corporate limits, write negrest town)  Cale - Rural	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporote limits, write RI esdale — Rural	JRAL and give nearest lown)
d. NAME OF HOSP OR INSTITUTION	TTAL (If not in hospitol, give stre	et oddress)	d. STREET ADDRESS	Finchville	e. IS RESIDENCE ON A FARM? YES 🔀 NO
3. NAME OF DECEASED (Type or print)	Henry	Clay	Batson	4. DATE Mont OF Janua	
5. SEX Male	Negro wido	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Feb. 26, 18	86 Page 1 St birthday) 73 yrs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
Retired E	ION (Give kind of work done 10 rking life, even if retired)  mployee of Stat			ster Co., Md.	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME	ah Batson		Margaret		
			INFORMANT	Addreson, Rhodesdale	
	the under-	erebro vas Hypertensivo Arteriosc	cardiova:	morrhage scular diseas	INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
CATI					EN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	AS UNDERLYING (1) 20b. DIG (2) CAUSE OF DEATH Y MEDICAL EXAMINER)	NONE	ED. (Enter noture of injury in	rort I of Port II of Item 18.)	
20c. TIME OF INJU Hour o. m. p. m.	Whi	e Not while **	LACE OF INJURY (Home, form octory, street, office bldg., etc	n, 20f. (City or town)	(County) (State)
21. I certify to	hat I attended the deced	1 4	h occurred at 7 Ae	M, fram the causes an ADDRESS (Street, city or town,	,that I last saw the decease nd an the date stated above
ACTUAL SIGNATURE PHYSICIAN'S	John C	Rawling	MD 202 H	igh St. Seal	Poxed Del 1-9-6
220. BURIAL, CREMATIC REMOVAL (Specify BULLS)	ON, 22b. DATE THEREOF Jan. 9, 1960	22c. NAME OF CEMETERY CO	or Crematory emetery	22d. LOCATION (City, fown, o	burg, Maryla nd
23. FUNERAL DIRECTOR	r's signature tom and Son, Fe	ADDRESS Mar	ryland 240. REC	101 4	TRAR'S SIGNATURE

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	1
112 1111 1 1 1 1 1 1 1 1	Other Parketing	of Hartain Driamone,	

	CERTIFICATE	OF	DEATE
COO	CERTIFICATE	01	DEATI

Reg. Dist. No. 00588

		N. C. Williams				neg. on	
1. PLACE OF DEATH o. COUNTY	GRCHESTE	R MARYL	TATE	ESIDENCE (Where do	+ CO!!	NTY 1. /	ce before admission)
	f outside corporate limits, w		N 1b c. CITY C	OR TOWN (If outside		ite RURAL ond g	give nearest town)
RURAL	CAMBRICCE	- 3 Mos.	5,	ALISBUR	2 4	2.2	12.2
d. NAME OF HOSPIT	'AL (If not in hospital, give st		d. STREE	T ADDRESS			e. IS RESIDENCE ON A FARM?
EASTERN	SHORE ST	ATE HOSP	100	SYLVI	A 57		YES NO
3. NAME OF DECEASED (Type or print)	MAUDE	Middle /MARI	E BEN		DATE OF DEATH	Month	Day Year 10 1960
S. SEX	1 1	MARRIED NEVER MARRIED		4 = 4	9. AGE (In y lost birthd	ears IF UNDER oy) Months	1 YEAR IF UNDER 24 HRS Days Hours Min.
10a. USUAL OCCUPATIO		106. KIND OF BUSINESS OR	_ ' ' ' '	HPLACE (Stole or for	reign country)	12. CIT	IZEN OF WHAT COUNTR
HOUSE	WIFE	None			Somer	set Co	)5.A.
13. FATHER'S NAME				R'S MAIDEN NAME			
BENVAH		!		LAA CA	NTWEL		
15. WAS DECEASED EVE (Yes, no. or unknown)	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)	NONE	WILLIAM	BENNE	77,100 5	Address YLVIA S	T. SALISBU
Conditions, if a gove rise to in casse (o), stoting lying couse lost.	mmediate (						
STRAN	HER SIGNIFICANT CONDITION	FEMORAL H	-				T 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 206. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OC	CURRED. (Enter natur	e of injury in Port 1	or Port II of item 18	.)	
20c. TIME OF INJUR Hour o. m. p. m.	v	Od. INJURY OCCURRED  /hile Not while work of work	20e. PLACE OF INJUR factory, street, of	RY (Home, form, 20 ffice bldg., etc.)	f. (City or town)	(0	County) (State)
21. I certify the alive an  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)		herfug  Longle	M.D. EA	at 913cA M.	, fram the caus RESS (Street, city or to HORE 3	es and an th	
	on, 22b. DATE THEREOF  1 Jan. 12, 19	22c. NAME OF CEME	TERY OR CREMATORY	r 22d.	LOCATION (City, 10		(Stote) yland
23. FUNERAL DIRECTOR HOLLOWAY	'S SIGNATURE	ADDRESS SALISBURY, N		24a. REC'D BY	REGISTRAR 24b.	REGISTRAR'S SIC	GNATURE

VS A15 (4) 1SM 9/SS

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	Value Ales				E. No. 17 Page 1	
			ant, et il		A 18 17 7 18	

# FOR STATE HEALTH DEPT.

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VS. A15ME 5M 2/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

058	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	Rea

00589 Dist. No.

1. PLACE OF DEATH o. COUNTY Do	ore hester		MARYLA	AND	2. USUAL RESIDENCE	Where decease			hester	ission)
and give nearest town		RURAL	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN	(If autside carp				wn)
Ca mbrid		If not in how	ital, give street address)		d. STREET ADDRESS		- nnode:	suale,	R.F.D.	ESIDENCE
	ge Hospital		prior, give street oddress)		10. STREET ADDRES	3				A FARM?
3. NAME OF DECEASED (Type or print)	John		Middle H •	Can	Lost	4. DATE OF DEATH	Mani			9 60
5. SEX	6. COLOR OR RACE	7. MARNIS	<b>DESCRIPTION</b>	8. 0	ATE OF BIRTH	6	9. AGE (In years lost birthday)	IF UNDER 1	YEAR IF UNDI	ER 24 HRS.
Male	Negro	WIDOWED	IND OF BUSINESS OR IN		About 187	ALLE	DU 882 ALP	10 61717		5011117011
during most of workin Laborer  13. FATHER'S NAME	g life, even if retired)	dane FUD. K	Labor (Far	m)		Dorches	ster Co.		S.A.	COUNTRY
TT1	<b>COM</b> Elis	ha Car	nnon		Jinkans		(maide	n name	unknow	n)
15. WAS DECEASED EVE	ER IN U. S. ARMED FO	RCES? 16.	The same of the sa	17. INF	ORMANT	1711	Address	-		
No. no. or unknown)	(If yes, give war or dates of	vervice)	?	R	cords Cam	bridge F	Hoenital			
	TH [Enter only one courth WAS CAUSED BY: IMMEDIATE CAUSE (a)		for (o), (b), and (c). ]  Coronary o	ccl	usion				INTERVAL BETWEE	EEN ATH
Canditions, if or gove rise to immed (o), stating the score last.	diate cause underlying DUE TO		INTRIBUTING TO DEATH	BUT NO	AT BELATED TO THE TE	Barinia i Niceace	COMPLETION CIL	/ENLIN BARY	V-lin was	Autonsy
S PARI II. OII	JEK SIGIAITICKIAI COIA	Dirions <u>co</u>	NINDONINO TO DENTH	801 140	I KELATED TO THE TE	KMINAL DISEASE	CONDITION GI	TEN IN PARI		RMED?
PART II. OTH	JSE WAS NTRIBUTING []	b. DESCRIBE	HOW INJURY OCCURRI	ED. (Ent	er nature of injury in I	Part I or Part II o	of item 18.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Day, Yeo	While			OF INJURY (Home, for, street, office bldg.,		or town)	(Cau	nly)	(State)
			emains described causes X. Accide	-			Personal Contract of the Contr	Inquiry		d in my
ACTUAL SIGNATURE	John	m	-cify		M.D. CHIEF MEDICAL				DATE S	IGNED
EXAMINER'S NAME (Type)	John M	ace Jr				DICAL EXAMINER	New?		1/25	/60
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	N. 226. DATE THEREC	OF T	nc. NAME OF CEMETER Federal Hil			72d. LOCAT	ion (City, Iown,	or county)	, (Slate	1
22 FILLERAL DIRECTOR			ralsburg, "a	aryl	and	EC'D BY REGISTI		STRAR'S SIGI		

		PRIMARY IA.	NGPM TRAIN	
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VS A15 (4) 15M 10/57

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

		1153	140						Keg. Dist	l. No.	
1. PLACE OF DEATH 0. COUNTY Death	orchester	000	MARYI	AND	2. USUAL RESIDE	Maryl	ere deceased and	lived. If institution b. COUNTY	Dorel	before odmi hester	ssian)
RURAL and give	ambridge		entire lif			own (If or Cambr		ate limits, write R	URAL and gi	ve nearest tax	vn)
OR INSTITUTION	PITAL (If not in hospital, g N Cambridge—Ma				d. STREET A		oundar	y Ave.,		ON	SIDENCE A FARM2
		-	-							1153	7 140 00
3. NAME OF DECEASED (Type or print)	Noble		Middle Stews	rt	Canno		4. DATE OF DEATH	January	9,19	60 <sup>Doy</sup>	Year 19
5. SEX Male	6. COLOR OR RACE	7. MARR	ED DIVORCED		Decembe			9. AGE (In years last britishay) 9. yrs.		YEAR IF UNI	
doring most of wi	TION (Give kind of work d orking life, even if retired) Waterman	lone 10b.	KIND OF BUSINESS OF	RINDUST		CE (State o	or foreign co	untry)		ZEN OF WHA	T COUNTRY
13, FATHER'S NAME			T		14. MOTHER'S	MAIDEN N	AME				TECH
	William S.			1.49	Lula	Cond	on &xx	KEK			
15. WAS DECEASEDEN	VER IN U. S. ARMED FOR	ES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Addr	ess		
Yes	World War 1	. 2	18-34-2915	Мз	rs. Robe	rt L.	Dail,G	lasgow S	St.,Car	mbridg	e, Md.
PART I. DI 420.	EATH (Enter only one cou EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	M	yocardial i							INTERVAL BONSET AND	D DEATH
Canditions, if gave rise to cause (a), stating typing cause last	g the under-	A	rterioscler	0618	s, gener	al1 ze	<u>a</u>			unkn	own
Ob ACCIDENT V	THER SIGNIFICANT CONE  STRUCTIVE TU  VAS UNDERLYING []  G [] CAUSE OF DEATH  FY MEDICAL EXAMINER)	mor	spies	nic	Clexure				EN IN PART	PERF	AUTOPSY ORMED?
20c. TIME OF INJU Hour o. m. p. m.	JRY Month, Day, Yea	r 20d. IN White at work	Not_while	20e. PLAC	CE OF INJURY (Hory, street, office	lome, form, bldg., etc.)	20f. (City	or town)	(Co	ounty)	(State)
	that I attended the 1-9-50 Eldridge	5. H		death (	occurred at	;30 P	M, from	the causes a ceet, city or town, st, Cambr	nd on the	e date stat	
220. BURIAL, CREMATI REMOVAL (Specify Burial	ION, 226. DATE THEREOF		22c. NAME OF CEMEN				_	ON (City, tawn, a		(Sta	te)
23, FUNERAL DIRECTO			ADDRESS	ridge	e,Md.		BY REGISTR		TRAR'S SIGN	4 .	

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VS A15 (4) 15M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0590	CERTIFICATE	OF	DEATH
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				Reg. Dist. No.
1. PLACE OF DEATH  o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Who	b. COWNEY	ion: Residence before odmission) rchester
CITY OR TOWN (If outside corporate limits, write RURAband give secrest town)  Cambridge	c. LENGTH OF STAY IN 16	11	utside corporate limits, write R bridge	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street 212 West End Ave	oddress)	d. STREET ADDRESS 212 West End	d Ave	e. IS RESIDENCE ON A FARM? YES ☐ NO
3. NAME OF First DECEASED (Type or print) Ann E	Middle Kirby	Clift	4. DATE Mor OF DEATH Jai	nth 20, Day Year 19 60
5. SEX   6. COLOR OR RACE   7. MARI	RIED NEVER MARRIED DE DIVORCED DE	8. DATE OF BIRTH Jan 4, 1886	9. AGE (In years lest birthday) yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Own Home	STRY 11. BIRTHPLACE (Stole of Maryland	or foreign country)	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George Kirby		14. MOTHER'S MAIDEN N. Mary We		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, po. or unknown) (II yes, give wor or dates of service)	SOCIAL SECURITY NO. 17. I Unknown	Mrs Everett		dress ambridge Maryland
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  153.8  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse last.  (c) REC	elmonary Glebothr current ac		n leg vein noma of c	onset and Death 30 min.  RS Rolon 2 years
□ OR CONTRIBUTING    □ CAUSE OF DEATH    □	CONTRIBUTING TO DEATH BUT			VEN IN PART I(a) 19. WAS AUTOPS? PERFORMED? YES NO
	Not while fo	ACE OF INJURY IHome, farm, ctory, street, office bldg., etc.	20f. (City or town)	(County) (State)
21. I certify that I attended the decease alive an Jacques, 196  ACTUAL SIGNATURE CLASSIFICATION SIGNATURE (Type)	Swrdellt	M.D. I Locus  Cambre		and an the date stated abave.
226. BURIAL, CREMATION. 225. DATE THEREOF Jan 22, 1960	0	Cemetery	22d. LOCATION (City, town, Cambbidge	or county) (Stote) Maryland
33. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service	Cambridhe Mary	hael		ISTRAR'S SIGNATURE

	WHITE HALLS STORY					
	The state of the control of the state of the control of the contro					7.4770359
	William or walk out on the	1000	At provide so that			
The state of the s						
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The second continues and the second continues		Virginia de la composición dela composición de la composición dela composición dela composición dela composición de la composición dela composición de la composición de la composición de la composición dela composición d				
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the seal pointing leaf and the last the	and larger contact to the second of the AVACC.		Clearly feel bare.			
till de til pomition (ed.) and till till till till till till till til						
		na Line Pale	T Sulfright	1000	unitation.	Parties of the second

5M 9/55

			DICAL	EXAMIN	EK 3	CEKTIFICA	IE OF	DEATH	Reg. [	Dist. No	. UU	000
1. PLAC	OUNTY	orchester	05	91		2. USUAL RESIDENCE	-		N		0.00	
h Cl		outside corporate limits, write		c. LENGTH OF STAY	-	IVI 8	rylan	u	100		este	
D. CI	and give necrest town		a RURAL	Life	IN ID	c. CITY OR TOWN		porate limits, write	RURAL on	nd give n	earest to	wn)
d N	Cambr	Lage Lorinstitution (i	If not in house			, <u> </u>	86				10.00	CIDENCE
		ge Md. Ho			18)	d. STREET ADDRESS	od Att	e. Ext.			ON	A FARM?
3. NAN		Fin		Middle								] ио 🔼
DECE	ASED or print)	Roose		Middle	Col	eman	4. DATE OF DEATH	Jan.	h	9 Day		9 60
. SEX				NEVER MARRIED			DEATH	9. AGE (In years	IE LINDE			ER 24 HRS
IV.	[ale	Negro	WIDOWED			July, 26, 1	904	lost bipHidoy) 55 yrs.	Months	Days	Hours	Min.
Oa. US	UAL OCCUPATION				_	Y 11. BIRTHPLACE (Sto			12. CI	TIZEN O	F WHAT	COUNTRY
durin	g most of working Labore:			General		Marvl				US		
3. FAT	HER'S NAME			OHOLAL	1	14. MOTHER'S MAIDEN			-	00,		
	John C	oleman				Rheta W		ey				
S. WA	S DECEASED EVE	R IN U. S. ARMED FOI	RCES? 16. SC	OCIAL SECURITY NO.	17. INF	FORMANT		Address				
Tes, no, e	NO I	If yes, give war ar dates of t	217	7-10-8450	Pe	arl Colem	an M	oores A	ve.	Cam	brid	lge.
18.	CAUSE OF DEAT	H [Enter only one cau	se per line fo	r (a), (b), and (c).]			-			INTER	VAL BETWE	EN
		WAS CAUSED BY	Hen		3					ONSE	T AND DEA	
			1101	norrhage	an d	shodk				12	111.5	3.451
	981X		1101	norrnage	an d	shodk			29 6	2	111,5	3.451
Co	981×	DUE TO							40 6 4 7	2		15
gav	981× anditions, if an	DUE TO y, which (b)		shot wou						2	nrs.	451
gav (a)	981X	DUE TO y, which (b)								2		451
Gar (a)	nditions, if on re rise to immedi , stating the us use last.	DUE TO y, which ote couse oderlying DUE TO (c). ER SIGNIFICANT CONE	Gun	shot wou	ınd		MINAL DISEAS	E CONDITION GIV	VEN IN PAI	RT 1(o) 1	nrs.	451
(a) cat	nditions, if on re rise to immedi , stating the us use last.	DUE TO y, which ote couse oderlying DUE TO (c). ER SIGNIFICANT CONE	Gun  DITIONS CON	Shot WOU	and  BUT NO	neck.  OT RELATED TO THE TER	ort I or Part II	of item 18.)		RT 1(o) 1	nrs,	AUTOPSY RMED?
CALIFICATION (o)	onditions, if on the rise to immeditions, stating the unuse lost.  PART II. OTHE  EXTERNAL CAUSMARY ☐ or CONUSE OF DEATH.	DUE TO  y, which ofe cause of the cause of t	Gun DITIONS CON  b. DESCRIBE I	shot would be shown injury occur not with	and BUT NO	neck.  TRELATED TO THE TER.  Ter noture of injury in Pr  Shotgur	ort I or Part II	of item 18.) harles	Brya	RT 1(o) 1	nrs,	RMED?
GERTIFICATION CON CAT	nditions, if one rise to immedity stating the use lost.  PART II. OTHE  EXTERNAL CAUSARY ☐ or CONUSE OF DEATH.  TIME OF INJURY	DUE TO y, which ote couse nderlying DUE TO (c). ER SIGNIFICANT COND SE WAS TRIBUTING  Wonth, Day, Yea	GUN  DITIONS CON  B. DESCRIBE F  VAS SI  T 20d. IN.	shot wou  ITRIBUTING TO DEATH HOW INJURY OCCUR TOT With JURY OCCURRED 20 Not white	BUT NO	neck.  TRELATED TO THE TER.  Ter noture of injury in Pr.  Shotgur  OF INJURY (Home, for y, street, office bidg., e)	ort I or Part II by C	of item 18.) harles y or town)	Brya	RT 1(o) 1	nrs.	AUTOPSY RMED? NO [
WEDICAL CERTIFICATION  Social Services of the Control of the Contr	nditians, if an verise to immedi, stating the ususe last.  PART II, OTHE  EXTERNAL CAUSMARY ☐ ar CON USE OF DEATH.  TIME OF INJURY Heur a. m.  \$ 45 p. m.	DUE TO y, which ote couse oderlying DUE TO (c). ER SIGNIFICANT CONC EE WAS IRIBUTING   200 IRIBUTING   100 When the course of th	GUN  DITIONS CON  b. DESCRIBE F  Vas st  IT 20d. IN.  White  Of work	Shot WOU  ITRIBUTING TO DEATH  HOW INJURY OCCUR  TO T With  JURY OCCURRED 20  Not while  of work 20	BUT NO RED. (Ent) 16g De. Place foctory Hom	neck.  TRELATED TO THE TER.  Ter noture of injury in Property of the Shotgur  Of INJURY (Home, for y, street, office bldg., el.)	ort I or Part III 1 by C	of item 18.) harles ( or town) bridge,	Brya (co	n .	nrs.  9. was / Perfores 🔼	AUTOPSY RMED? NO [
MEDICAL CERTIFICATION  Social	mditions, if once rise to immedity stating the units lost.  PART II. OTHE  EXTERNAL CAUS WARY Or CON USE OF DEATH.  TIME OF INJURY Heur a. m.  " I certify the	DUE TO  y, which ote couse oderlying  DUE TO (c).  R SIGNIFICANT CONC  SE WAS TRIBUTING   Month, Day, Yea  1/9/ 196 ot 1 took charge	GUN  DITIONS CON  b. DESCRIBE IN S SI  TO 20d. IN.  White of work  of the re	Shot WOU  ITRIBUTING TO DEATH  HOW INJURY OCCUR  NOT WITH  JURY OCCURRED 20  Not while  of work 20  mains described	BUT NO 16g PLACE factory Hom	neck.  TRELATED TO THE TERM  TO RELATED TO THE TERM  Shotgur  OF INJURY (Home, for y, street, office bldg., election)	ort I or Part II  by C  m, 20f. (City  c.) Cam  sy X, II	of item 18.) harles var town) bridge, nspection []	Brya (co Dor	n .	nrs.  9. was / Perfores 🔼	AUTOPSY RMED? NO (Stote)
MEDICAL CERTIFICATION  COT  SOC.	mditions, if once rise to immedity stating the units lost.  PART II. OTHE  EXTERNAL CAUS WARY Or CON USE OF DEATH.  TIME OF INJURY Heur a. m.  " I certify the	DUE TO  y, which ote couse oderlying  DUE TO (c).  R SIGNIFICANT CONC  SE WAS TRIBUTING   Month, Day, Yea  1/9/ 196 ot 1 took charge	GUN  DITIONS CON  b. DESCRIBE IN S SI  TO 20d. IN.  White of work  of the re	Shot WOU  ITRIBUTING TO DEATH  HOW INJURY OCCUR  NOT WITH  JURY OCCURRED 20  Not while  of work 20  mains described	BUT NO 16g PLACE factory Hom	neck.  TRELATED TO THE TER.  Ter noture of injury in Property of the Shotgur  Of INJURY (Home, for y, street, office bldg., el.)	ort I or Part II  by C  m, 20f. (City  c.) Cam  sy X, II	of item 18.) harles ( or town) bridge,	Brya (co Dor	n .	nrs.  9. was / Perfores 🔼	AUTOPSY RMED? NO (Stote)
WEDICAL CERTIFICATION  AMEDICAL CERTIFICATION  AMEDICA	part II, OTHE  EXTERNAL CAUS WARY OF CON USE OF DEATH.  TIME OF INJURY Hour a. m.  I certify the	DUE TO  y, which ote couse oderlying  DUE TO (c).  R SIGNIFICANT CONC  SE WAS TRIBUTING   Month, Day, Yea  1/9/ 196 ot 1 took charge	GUN  DITIONS CON  b. DESCRIBE IN S SI  TO 20d. IN.  White of work  of the re	Shot WOU  ITRIBUTING TO DEATH  HOW INJURY OCCUR  NOT WITH  JURY OCCURRED 20  Not while  of work 20  mains described	RED. JENT NO. 16g. PLACE foctory HOM. Suici	neck.  TRELATED TO THE TER.  Ter noture of injury in Property in P	ort I or Port II by C m., 20f. (Cit) Cam sy X, II	of item 18.) harles y or town) bridge, nspection, ndetermined o	Brya (co Dor	n .	nrs.  9. was / Perfores 🔼	AUTOPSY RMED? NO (Stote)
WEDICAL CERTIFICATION  AMEDICAL CERTIFICATION  AMEDICA	mditions, if once rise to immedity stating the units lost.  PART II. OTHE  EXTERNAL CAUS WARY Or CON USE OF DEATH.  TIME OF INJURY Heur a. m.  " I certify the	DUE TO  y, which ote couse oderlying  DUE TO (c).  R SIGNIFICANT CONC  SE WAS TRIBUTING   Month, Day, Yea  1/9/ 196 ot 1 took charge	GUN  DITIONS CON  b. DESCRIBE IN S SI  TO 20d. IN.  White of work  of the re	Shot WOU  ITRIBUTING TO DEATH  HOW INJURY OCCUR  NOT WITH  JURY OCCURRED 20  Not while  of work 20  mains described	RED. JENT NO. 16g. PLACE foctory HOM. Suici	neck.  TRELATED TO THE TER.  Ter noture of injury in Property of the party of the p	ort for Part III by C m, 20f. (City Cam sy X, III	of item 18.) harles y or town) bridge, nspection [], ndetermined o	Brya (co Dor	n .	P. WAS A PERFO	AUTOPSY RMEO? NO (Stote)
200c. CALL 200c. CALL 20cc. CALL	nditions, if one re rise to immeditions, stating the unuse lost.  PART II. OTHE  EXTERNAL CAUSMARY ☐ or CON USE OF DEATH.  TIME OF INJURY Heur a. m.  1 certify the other resulted in the control of the	DUE TO  y, which ote couse oderlying  DUE TO (c).  R SIGNIFICANT CONC  SE WAS TRIBUTING   Month, Day, Yea  1/9/ 196 ot 1 took charge	DITIONS CON  b. DESCRIBE I  Vas si  r 20d. IN.  White  of the re  causes	Shot WOU  ITRIBUTING TO DEATH  HOW INJURY OCCUR  OUT WITH  JURY OCCURRED 20  Of work 20  mains described  Accident [],	RED. JENT NO. 16g. PLACE foctory HOM. Suici	neck.  TRELATED TO THE TER.  Ter noture of injury in Property in P	cal EXAMINER	of item 18.) harles y or town) bridge, nspection [], ndetermined c	Brya (co Dor	n.	P. WAS A PERFO	AUTOPSY RMEO? NO (Stote)
WEDICAL CARLIFICATION WEDICAL CARLIFICATION WEDICAL CARLIFICATION ACC SIG	minditions, if one re rise to immedit, stating the unuse last.  PART II. OTHE  EXTERNAL CAUSMARY ☐ or CON.  SEE OF DEATH.  TIME OF INJURY  Heur a. m.  1 certify the ath resulted in the control of the	DUE TO  y, which ote couse oderlying  DUE TO (c).  ER SIGNIFICANT CONG  ER WAS INBUTING  Month, Doy, Yea  1/9/196 ot 1 took charge from: Natural of	DITIONS CON  b. DESCRIBE F  Vas sh  Tr 20d. IN.  While of the re  causes   Mace	Shot WOU  ITRIBUTING TO DEATH  HOW INJURY OCCUR  OUT WITH  JURY OCCURRED 20  Of work 20  mains described  Accident [],	BUT NO RED. (Ent.) 1 Og 0. PLACE focton HOM I above Suici	neck.  Trelated to the term of injury in Property of the term of injury (Home, for y, street, office bidg., etc.) e, held an Autop de , Homicia of the term of the	ort I or Part II L by C m. 20f. (City c.) Cam sy X, II e X, U examiner cal examine	of item 18.) harles y or town) bridge, nspection [], ndetermined c	Brya (co Dor Inquicause	n.	P. WAS A PERFO	AUTOPSY RMED? NO (Stote)
WEDICAL CERTIFICATION  Second Partial	miditions, if once rise to immedity stating the unuse lost.  PART II, OTHE  EXTERNAL CAUS WARY or CON USE OF DEATH.  TIME OF INJURY Heur a. m.  THE OF INJURY HEUR A. M.  T	DUE TO  y, which ote couse oderlying  DUE TO (c).  ER SIGNIFICANT CONC  TRIBUTING   Month, Day, Yea  1/9/ 196  at 1 took charge from: Natural of  y, 22b, DATE THEREO  1/14/	DITIONS CON  b. DESCRIBE F  Vas sh  Tr 20d. IN.  While of the re  causes   Mace	Shot WOLL  TRIBUTING TO DEATH HOW INJURY OCCUR NOT WITH JURY OCCURRED 20 Not white of work 20 mains described, Accident,  Jr.  2c. NAME OF CEMETE Be the 1	BUT NO RED. (Ent) 1 Gg PLACE foctory HOM I above Suici	neck.  Trelated to the term of notice of injury in Property of the term of the	ort Lor Port III L by C m, 20f. (City c.) Cam sy X, II e X, U examiner examiner 22d, LOCA	of item 18.) harles var town) bridge, nspection [], ndetermined o	Brya (co Dor Inqui cause [	n.	P. WAS / PERFO (ES ) MC	AUTOPSY RMED? NO (Stole)
WEDICAL CERTIFICATION  Second Part of the Control o	DATE OF INJURY HOPE OF THE OF	DUE TO  y, which ote couse oderlying  DUE TO (c).  ER SIGNIFICANT CONC  TRIBUTING   Month, Day, Yea  1/9/ 196  at 1 took charge from: Natural of  y, 22b, DATE THEREO  1/14/	GUN  DITIONS CON  b. DESCRIBE IN 120d. IN.  SO White of wark of the recauses   Mace courses   Mace constant of the recauses   Mace constant of the recause   Mace constant   Mace consta	Shot WOLL  TRIBUTING TO DEATH HOW INJURY OCCUR TO T WITH JURY OCCURRED 20 Not white of work 20 mains described, Accident,  Jr.  2c. NAME OF CEMETE	RED. JEHN 16g	neck.  Trelated to the ter.  Trelated to the ter.  Shotgur  Of Injury (Home, for, street, office bldg., el.)  He, held an Autop de , Homicia  M.D. CHIEF MEDICAL ASSISTANT MEDICAL DEPUTY MEDICAL  REMATORY  He to y	ort Lor Port III L by C m, 20f. (City c.) Cam sy X, II e X, U examiner examiner 22d, LOCA	of item 18.) harles y or town) bridge, nspection [], ndetermined c	Brya (co Dor Inqui cause [	n.  n.  iuniy)  Gry []	MC State S	AUTOPSY RMED? NO (Stote)

MARYLAND STATE DEPARTMENT OF HEALTH\_RAITIMODE 18

( M )	1. PLACE OF DEA'	Dorchester	060			USUAL RESIDENCE (	Where deceased I		tion: Residence Dorch		issian)
	ond give neore	lock - Rural		LENGTH OF STATE		c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)  X Hurlock — Rural					iwn)
X		ospital or institution at Harrison F		ital, give street addr	ess)	d, STREET ADDRESS Nea:	r arris	on Ferr	y	ON	RESIDENCE I A FARM?
	3. NAME OF DECEASED (Type or print)	David	rst Fra:	nklin (	Corkran	Last 1	4. DATE OF DEATH	Janua			Year 1960
	5. SEX Male	6. COLOR OR RACE White	7. MARRIED			ept. 7, 19		AGE (In years out birthday)	Months Do	ys Hours	Min.
	Infant		done 10b. KII	None		Easton,	Maryland	lry)		S.A.	COUNTRY?
		over Corkran,				Norma De		144			
	15. WAS DECEASE (Yes, no, or unknown) NO	D EVER IN U. S. ARMED FO	service)	ocial security no None		Grover C	orkran,	Jr., Hu	rlock,	Md.,	RFD
	The second secon	DEATH [Enter only one co DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o		or (o), (b), and (c).] Toxemi	ia					INTERVAL BETW ONSET AND DE	EEN
		if any, which (b		ute respin	ratory	infection				1 da	y
	(a) stating	he underlying DUE TO	100						7		
	cause last.	) (c									
٥	PART II.	OTHER SIGNIFICANT CON							EN IN PART 1	(o) 19. WAS PERFO YES [	AUTOPSY DRMED? NO 1
٥	PART II.  20a. EXTERNAL PRIMARY  CAUSE OF DE					RELATED TO THE TERM			EN IN PART 1	PERFC	DRMED?
٥	PART II.  PART II.  20a. EXTERNAL PRIMARY   a CAUSE OF DE	CAUSE WAS CONTRIBUTING ATH.	Ob. DESCRIBE I	HOW INJURY OCCU	JRRED. (Enter		nt I or Part II af i	tem 18.)	EN IN PART 1	YES T	DRMED?
٥	PART II.  PART II.  20a. EXTERNAL PRIMARY   a CAUSE OF DE Hour a P 21. I certif	CAUSE WAS CONTRIBUTING ATH.  NJURY Month, Day, Young, Inc.  m. 19  y that I took charge	or 20d. IN White at work	HOW INJURY OCCURRED Not while of work mains describe	JRRED. (Enter of 200. PLACE Of foctory, s	FINJURY (Home, fartreet, affice bldg., etc	n, 20f. (City or	tem 18.) town)	(Caunt	PERFC YES	NO (Stote)
٥	PART II.  200. EXTERNAL PRIMARY GO CAUSE OF DE. Hour of P. 21. I certif death resu	CAUSE WAS CONTRIBUTING ATH.  NJURY Month, Day, Ye m. 19	or 20d. IN White at work	HOW INJURY OCCURRED Not while of work mains describe	JRRED. (Enter of 200. PLACE Of foctory, s	FINJURY (Home, fartreet, affice bldg., etc	n, 20f. (City or cy, Inspect, Unde	tem 18.) town)	(Caunt	PERFC YES	NO (Stote)
	PART II.  20a. EXTERNAL PRIMARY   at CAUSE OF DE.  20c. TIME OF Hour of P  21. I certif death resu	CAUSE WAS CONTRIBUTING ATH.  NJURY Month, Day, Young, Inc.  m. 19  y that I took charge	ob. DESCRIBE	HOW INJURY OCCURRED Not while of work mains describe	JRRED. (Enter of 200. PLACE Of foctory, s	FINJURY (Home, far treet, affice bldg., etc held an Autops 	20f. (City or)   20f. (City or)   Unde	tem 18.) town) ection thermined c	(Caunt	PERFO YES	(Stote)
2	PART II.  200. EXTERNAL PRIMARY   01 CAUSE OF DE. Hour of P 21. I certif death resu  ACTUAL SIGNATURE EXAMINER'S	CAUSE WAS CONTRIBUTING   21 ATH.  NJURY Month, Day, Ye m. 19 y that I took charge lited from: Natural  John Ma.	Db. DESCRIBE  ar 20d. IN While of the re causes 20  ce Jr.	HOW INJURY OCCURRED Not while of work mains describe	20e. PLACE O factory, sed above,  M. M. MERY OR CREAT	F INJURY (Home, faritreet, affice bldg., etc. held an Autops , Homicida  CHIEF MEDICAL E ASSISTANT MEDICAL	20f. (City or  y  , Insp  Unde	tem 18.) town) ection thermined c	(Caunty)	PERFO YES	(Stote)  find that  signed  1/10/6

The street of th

please exe	4 should be		I, crematian,	,
is necessary,	rector	98.	prior to burig	-
If any delay	the funeral di	d for your file	the registrar	,
s after death.	. 2, and 3 to i	ay be retained	I and 2 with	
O DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please exe	cute the certified writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director, age 4 should be	3. Page 5 m	O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, arematian,	
be executed w	in Item 18.	with farm PM	-transit permi	
cate shauld t	ng" in pencil	Office along	d as a burial	
R: This certifi	ward 'pendi	Examiner's	should be use	
AL EXAMINE	vriting the	ef Medica	TOR: Page 3	
PUTY MEDIC	the certifical	arded to th	VERAL DIREC	lovom
O DE	cute	forw	O FUI	or removed

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMOR	E, 18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1

teg. Dist. No. 00595

_											
1.	PLACE OF DEATH a. COUNTY Do:	rchester	06	10 MAR	YLAND	2. USUAL RESIDENCE O. STATE Max	E (Where dece ryland	osed lived. If institu b. COUNT	w _	ches	
	and give nearest town)	outside corporate limits, write - rural	RURAL	3 years	IN 1b			rporote limits, write - Rural	RURAL and	give nea	rest town)
L.		igantown	f not in hospi	al, give street addre	56)	d. STREET ADDRES	s lligan	town			ON A FARM?
	NAME OF DECEASED (Type or print)	Emma.	Hall	Middle Kimball	. 0	ornish	4. DATE OF DEATH	Jam	h uary	Doy 25	Year 19 60
	sex Female	6. COLOR OR RACE	7. MARRIED			DATE OF BIRTH August 1,	1908	9. AGE (In years lost birthdoy) 51 yrs.			F UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired)  Housework  10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)  Thomson, Georgia							12. CITIZEN OF WHAT COUNTRY?				
13.	FATHER'S NAME Sime	on Hamilton	n			Mattie	and the same of th	re			
15. (Yes		R IN U. S. ARMED FOI (If yes, give war or dates of	ervice)	OCIAL SECURITY NO.		rah Hobbs,	Hurlo	Address ck, Maryle		.F.D	•
	PART I. DEATH	ate cause	20.3B	Hemor		ge wound ch	est			ONSET A	RETWEEN AND DEATH
CERTIFICATION		ER SIGNIFICANT CONT				OT RELATED TO THE TE			EN IN PART		WAS AUTOPSY PERFORMED?
	20g. EXTERNAL CAUSE PRIMAR & OF CON CAUSE OF DEATH.	SE WAS TRIBUTING []	Was	shot by	pi						
MEDICAL	Hour a. m.	Month, Day, Yeo	While	Not while of work	facto	E OF INJURY (Home, force), street, office bldg., one	elc.)	ty or town) urlock	Coun		(State) Md.
						e, held on Auto ide , Homici  _M.D. CHIEF MEDICAL ASSISTANT MEE	de XI, L	Indetermined o			ond find that
	EXAMINER'S NAME (Type)	John Mac				DEPUTY MEDICA	AL EXAMINER	0		1/2	8/60
L	REMOVAL (Specify) Burial	Jan. 30, 13		East New 1		crematory et Cemetery	Eas	t ev Mar	ket, M	aryl	(Stote)
23. J	J. Frampton	signature n and Son,	Federa	Appress M	aryl	and 240. RI	FEB 5		STRAR'S SIGN		u4

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINED'S CEDTIEICATE OF DEATH

00596

			EDIC	AL EXAM	HAEK :	CERTIFICA	IE OF	DEATH	Reg. Di	st. No	o.	. 0 - 0
	LACE OF DEATH		0	592		2. USUAL RESIDENCE	Where decea	sed lived. If insti	Iutian: Reside	nce be	fare adn	nissian)
E.	Dorche	ster Co.		N	ARYLAND	o. STATE Marvl	and	b. COUN		hac	ster	Co
t	o. CITY OR TOWN (If and give nearest town)	sutside corporate limits, v	rite RURAL	c. LENGTH OF S	TAY IN 1b	c. CITY OR TOWN (I		porate limits, writ				
	Cambrid	co Md		Life		1/3 Cambraid	as Ma					
-	I. NAME OF HOSPITA	OR INSTITUTION	(If not in h	ospilal, give street a	ddress)	d. STREET ADDRESS	ge, Ma	ry Land.			e, IS I	RESIDENCE
	100 Locus					101 Aca	demy,	S±				NO-
3.	NAME OF DECEASED		irst	/ Midd	le	Lost	4. DATE	Man	ıth	Day		Year
	(Type or print)	म	lmer		Do	vton	DEATH	1		0		19 60
5. 5	EX	6. COLOR OR RAC	And the last of th	NEVER MA				9. AGE [In years	IF UNDER	TYEAR		DER 24 HRS.
	Male	White	WIDOW	ED DIVOR	CED [7]	6/27/2001		fast birthday)		Days	Hours	Min.
100	USUAL OCCUPATION	N (Give kind of wor	k done 10b.	KIND OF BUSINESS	OR INDUST	RY 11. BIRTHPLACE (State	e ar fareign c			ZEN O	F WHAT	COUNTRY?
d	luring most of working	life, even if refired	)									
13.	Carpent FATHER'S NAME	er		Carpente	er	Mary 1					J.S.	A
		2							75.8			
15.	WAS DECEASED EVE	am Dayton		. SOCIAL SECURITY	NO 17 8	PORMANT	Mary H	oreemab				
{Yes	, no, er unknown)	If yes, give war or dates										
		No		Unknown		Randall Day	ton,.	101 Acad	lemy St			
	18. CAUSE OF DEATH	H   Enler only one of WAS CAUSED BY:		e far (a), (b), and (c)	. j						RVAL BETWEET AND DE	
	2 1	MMEDIATE CAUSE	(o)C	oronary	occlu	sion				-	Inst	tent
	420.1	DUE T	0									
	Canditions, if an		b)									
	(a), sloting the vi		0									
	cause last.	)	(c)									
CERTIFICATION	PART II. OTHE	ER SIGNIFICANT CO	NDITIONS C	CONTRIBUTING TO E	DEATH BUT N	IOT RELATED TO THE TERM	AINAL DISEAS	E CONDITION G	IVEN IN PAR		9. WAS PERFO YES	AUTOPSY ORMED? NO
CERTIFIC	200. EXTERNAL CAUS PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING	20b. DESCRI	BE HOW INJURY OF	CCURRED. (E	nter nature of injury in Pa	rt I ar Part II	af item 18.)				
3	20c. TIME OF INJURY	Y Manth, Day, Y	ear 20d.	INJURY OCCURRED		CE OF INJURY (Home, farr	m. 20f. (Cit)	or town)	(Cau	inty)		(State)
MEDICAL	Haur o. m.		9 at v	le Not while	facto	ary, street, affice bldg., etc	)					
	21. 1 certify the	at I took charg	ge of the	remains descri	bed abo	ve, held on Autops	sy 🗍, II	nspection £	, Inquir	у П	. ar	nd in my
	opinian death g	esulted fram:	Natural	causes X. A	ccident [	, Suicide ,	Hamicide	. Undet	ermined n		-	
		)			1						116	
	ACTUAL SIGNATURE	Lower	132	tore	1	M.D. CHIEF MEDICAL E	XAMINER []				DATE	SIGNED
				-	1	ASSISTANT MEDIC	AL EXAMINE	R				
	EXAMINER'S NAME (Type)	Dr. John	Mace	Jr.		DEPUTY MEDICAL	EXAMINER E	9 1/	4/60			
220	BURIAL, CREMATION	1, 22b. DATE THER	EOF	22c. NAME OF CE	METERY OR	CREMATORY	22d. LOCA	TION (City, town,	or county)		(Sla	te)
	Burial (Specify)	1/5/60		East No	w Marl	ket Cem	East	New Mar	ket. N	โลราง	rland	۹.
23.	FUNERAL DIRECTOR'S			ADDRESS		240. REC	D BY REGIST	RAR 24b. REG	ISTRAR'S SIG	NATU	RE	
	Le Compte	Funeral S	ervic	e, Cambrid	ige, M	aryland DATE	JAN 1 1	'60 C	Irthur &	. the	ui4	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certifies, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral digital described by the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a buriof-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to buriof, cremation, or removal, and in anywhen within 72 hours after death. VS. A15ME 5M 2/57

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MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND burial, CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON & FARM? director de STREET ADDRESS prior files. YES NO NAME OF Middle 4. DATE Month Year funeral Losi Day 2 with the registra DECEASED OF (Type or print) 0 196 5. SEX 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER YEAR IF UNDER 24 HRS. COLOR OR RACE 3 to the los birthday) Months Days Hours Min. WIDOWED [ DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? pup during most of working life, even if retired) pe puo aleman may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME \_ Pages Page 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address File (If yes, give war or dates of service) Give PM3. permit. ONET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) burial-transit DUE TO Conditions, if ony, which certificate should be pencil alang gove rise to immediate cause DUE TO (o), stating the underlying cause last. .5 O Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY SD PERFORMED? pending used NO C iner's ( 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) pe PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. .. puom Exami shauld 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (County) i 20f. (City or town) (Stole) factory, street, office bldg., etc.) While Not while 0 m 19 at work of work p. m. riting 21. I certify that I taok charge of the remains described abave, held an Autopsy \(\pi\), Inspection Inquiry [ and find that ef cute the certifica print farwarded to the Chief O FUNERAL DIRECTOR: death resulted from: Natural causes M. Suicide | Accident Hamicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER remava EXAMINER'S DEPUTY MEDICAL EXAMINER NAME (Type) 220 BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town for county) (State 20 UNERAL DIRECTOR'S SIGNATURE 24c. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) arthur S. Kraus 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH AND THE PROPERTY.	PREMIMARY JADIOSM
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

0593 CERTIFICATE OF DEATH

Reg.	Dist.	No

- 1	11	11	- (	33
(	11	14	) e	38

1. PLACE OF DEATH					2. USUAL RESI	DENCE (Who	ere deceased	lived. If institution b. COUNTY	an: Residen	ce befor	e odmis	sion)
	ster Co.		MARYL			Maryla	2 P. W. W.				ter	
b. CITY OR TOWN (I	f outside corporate limited	ts, write	c. LENGTH OF STAY IN	4 1P	c. CITY OR	TOWN (If or	utside corpor	ate limits, write R	URAL and	give neo	rest tow	n)
Cambri	dge. Marvl	and	Life		13	Cambri	dge. N	Maryland				
d. NAME OF HOSPIT	'AL (If not in hospital, g	ive street	address)		d. STREET	ADDRESS					e. IS RES	SIDENCE A FARM?
	16 Muir St					16 Mui	r St.					NO
3. NAME OF	Fir		Middle		lo		4. DATE	Man	ıth .	Da	v	Year
(Type or print)		orge	W.		vler		OF DEATH	1		8		1960
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8.	DATE OF BIRT	Ή	Valent	9. AGE (In years last birthday)	Manths	1 YEAR	Hours	ER 24 HRS.
Maile	White	WIDOW	ED DIVORCED		5/4/1	876	F29 (E)	##83 yrs.	Months	Days	nours	Min.
10o. USUAL OCCUPATIO	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHP	LACE (Stote o	ar fareign ca	untry)	12. CIT	IZEN O	F WHAT	COUNTRY
Unknown	ung ille, even it refired	'	Unknown		l n	elawar	۰۵		11	.S.A		
13. FATHER'S NAME			CHRITOWIT		14. MOTHER'S				1 0	· D · A	. е	
177					De	To						
15. WAS DECEASED EVE	Lias Fowler		SOCIAL SECURITY NO	17 INE	ORMANT	ssy Fo	MTer.	Add				
	Ilt yes, give wor or dates of s	ervice		17. 114								
No.	No.		214-07-9332	Mrs	Ber	tha Fo	wler,	Cambrid	ge, M	aryl	and,	
	TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO	) U	ne for (a), (b), and (c).]									DEATH
Canditions, if a gave rise to i casse (a), stating lying cause last.	mmediote the <u>under-</u>		erebral Acci								day	66
	) (c		CONTRIBUTING TO DEAT					CONDITION OF	/ENI INI DAD		nkne	
CATIO					OT RECATED IX	O THE PERIOR	TAL DISEASE	CONDINON ON	LIN IIN FAR	1 1(0)	PERFC	RMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED.	(Enter nature o	of injury in P	art I ar Part	11 of item 1B.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	While		facto	E OF INJURY ory, street, affic	(Home, farm, e bldg., etc.)	20f. (City	or lawn)	((	County)		(State)
21. I certify th	at I attended the	deceas	sed from 1-6-	-60	, 19	_, ta	1-8-60	), 19	.,that I	last sa	w the	deceased
alive on	-8-60	, 12_	and that c	death o	occurred at	2:30A	_M, fram	the causes o	and an t		e state	ed above
ACTUAL SIGNATURE	ldridg	2- 10	F. Wolf	L M.	D. 15			eet, city or town,		Md		ATE SIGNED
PHYSICIAN'S NAME (Type)	Eldridge	H. V	Nolff, M.D.									
22a. BURIAL, CREMATIO REMOVAL (Specify)			22c. NAME OF CEMET	ERY OR	CREMATORY		22d. LOCATI	ION (City, town,	or county)		(Stat	(e)
Burial	1/10/60	).	Dorches	ter 1	Mem. Pa	rk.	Camb	ridge, M	aryla	nd.		
23. FUNERAL DIRECTOR			ADDRESS			24a. REC'D	8Y REGISTR	RAR 24b. REGIS	STRAR'S SIG	SNATUR		
Le Compte	Funeral Se	ervic	e, Cambridge	e, M	aryland	DATE JAT	N 1 4 '61	Cin	I from L.	Than	^	

	ATE OF DEATH	1593 CERTIFIC	
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HEALT	H DEPT.
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please — execute the certification with a should be farmed as the funeral direct. Page — 4 should be farmed to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for files. Page 10 FUNERAL DIRECTOR: Page 3 should be ased as a burial-transit permit. File pages 1 and 2 with the State Boars of Health, T. 2 and 10 FUNERAL DIRECTOR: Page 3 should be ased as a burial-transit permit. File pages 1 and 2 with the State Boars of Health, T. 2	ar its designated agent, prior to burial, cremation, ar removal, and in any event within 72 hours after death.
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VS. A1SME 5M 2/57 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 0594MEDICAL EXAMINER'S CERTIFICATE OF DEATH

			1)	11	-	0	1
Reg.	Dist.	No.	U	17	()	J	37

a. COUNTY	Dorchester		MAR	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admis o. STATE Maryland b. COUNTY Dorchester						
b. CITY OR TOWN	(If autside corporate limits, write and the state of the	e RURAL	c. LENGTH OF STAY	IN 1b		N (If outside co	porote limits, writ	e RURAL ond	give neo	rest town)
d. NAME OF HOS Camb	ridge Hespit	of not in	hospital, give street oddre	ss)	d. STREET ADDRE	ss ewood Ar	re.			ON A FARM?
3. NAME OF DECEASED (Type or print)	Edd		Middle	Fu	ssell	4. DATE OF DEATH	Mon Janu		Doy 22	Yeor 1960
5. SEX Male	6. COLOR OR RACE Negro		RRIED NEVER MARRIE	-	Unknown		9. AGE (In years tost birthday) About55rs.	IF UNDER Months I		UNDER 24 HRS.
during most of wo	CUPATION (Give kind of work done of working life, even if retired)  Ant Labor				Unknom	m	country)		S.A.	WHAT COUNTRY?
13. FATHER'S NAME	Unknow	n			14. MOTHER'S MAIDEN NAME Unknown					
15. WAS DECEASED (Yes, no. or unknown)	EVER IN U. S. ARMED FO		16. SOCIAL SECURITY NO		formant mbridge Po	lice De	Addres	bridge	. Md	
20g. EXTERNAL	mediate cause e underlying DUE TO (c) OTHER SIGNIFICANT CON	) IDITION	COPENARY OC	H BUT NO	OT RELATED TO THE TI			VEN IN PART	1(0) 19.	WAS AUTOPSY PERFORMED?
20c. TIME OF IN Hour o. p.  21. I certify	IJURY Month, Doy, Yes m. m. 19	o af th	Vhile Not while I work of work of eremains describe	foctor	], Suicide [],	opsy , I	nspection <b>X</b>	(Cou , Inquir ermined m	anner	(State)  and in my
EXAMINER'S NAME (Type) 220. BURIAL, CREMA	TION, 226. DATE THEREC		Jr.	ERY OR C	DEPUTY MEDIC	DICAL EXAMINER		or county)	1/	/22/60 (State)
REMOVAL (Spec Remova) 23. FONERAY DIRECT	1/23/	196	Manatomi	eal ity	Board Hosp. 240. F		altimor		NATURE	and

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has been signed by the attending physician and campletely filled in by the	ourial-transit permit. Then please permane carban papers. Pages 1 and 2 should be filled with	-
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ho	UTI	emaval, and in any event within 72 hours after death

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Page 4

haspital ar attending physician. After this certificate has been s TO FUNERAL DIRECTORS 2 Should be det VS A15 (4) 1SM 9/SS

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

TO HOSPITAL OR

_		UUI	2	40	Keg.	Dist. No.
1.	PLACE OF DEATH o. COUNTY Do	rchester	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE Maryle	here deceased lived. If institution, Resident B. COUNTY Do	dence before admission)
	b. CITY OR TOWN (I	f outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits, write RURAL on	nd give nearest town)
	RURAL ond give ne	mbridge	10 days	/3 Cambri	idge	
-	d NAME OF HOSPIT	AL (If not in hospital, give stre		d. STREET ADDRESS	0	e. IS RESIDENCE
	OR INSTITUTION	stern Shore S	tate Hospital	203 CI	hoptank Avenue	ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	First Mary	Middle Armetta	Geoghegan	4. DATE Month OF DEATH January 7	Day Year 19 60
5.	Female	2 20 0 1	RRIED NEVER MARRIED DIVORCED DIVORCED	8-21-79	9. AGE (in years lif UND lost birthday) 80 yrs.	DER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10	during most of work Housewife	ON (Give kind of work done )( ing life, even if retired)	b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stole Maryland		U.S.A.
13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	
	William Br	annock		Susan Elia	za Maguire	
		R IN U. S. ARMED FORCES? If yes, give wor or dates of service)		INFORMANT ECORDS - Easte	Address ern Shore State Ho	spital
		TH [Enter only one cause per TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	line for (o). (b). ond (c).]	scular Disease	e	INTERVAL BETWEEN ONSET AND DEATH
	422.1	DUE TO				
	Conditions, if a	ny, which (b)	eneral Arterios	clerosis		
	gove rise to in coese (o), stoting lying couse lost.	> DUE TO				
CERTIFICATION	PART II. OTH	IER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	INAL DISEASE CONDITION GIVEN IN P	PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 🔀
CERTIFI	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING 206. D CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in I	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Wh		LACE OF INJURY (Home, farm octory, street, office bldg., etc	20f. (City or town)	(County) (State)
4	21. I certify the alive on Jar ACTUAL SIGNATURE	at I attended the dece	ased from December 60, and that death	h accurred at 6:115	anuary 7, 1960, that AM, fram the causes and an ADDRESS (Street, city or town, stote) ital, Cambridge, Md.	
L	REMOVAL (Specify)	1/9/00	DUR MEM	O. PK	CAMBRIDS	e MD
23	E Comp	S SIGNATURE TC FUNCAF	Service ,	M BRID 240. REC'I	D BY REGISTRAR'S IN 1 1 '60 Culling	S. Krune

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			para a la contra de la contra de La contra de la contra del la contra del la contra del la contra de la contra de la contra de la contra del la contra del la contra de la contra del la contra de la contra de la contra del la con	
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			The state of the s	
	The State of the S			A Maria de M

10 VS A15 (4) 1SM 9/S8

Q.A.

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PERFORMED?

YES NO

(State)

e. IS RESIDENCE ON A FARM? YES NO

Year Jan. 19 1960 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours

12. CITIZEN OF WHAT COUNTRY? U.S.

Address

INTERVAL BETWEEN ONSET AND DEATH

(County) (Stote)

21. I certify that I attended the deceased from Dec 12, 1956, to Jan 19, that I lost saw the deceased

ADDRESS (Street, city ar tawn, state) Cambridge .Md.

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR DATE JAN 2 5 '60

24b. REGISTRAR'S SIGNATURE arthur & Thousa

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1.		
~		PLACE OF DEATH
M)		Dorch b. CITY OR TOWN RURAL ond give
17		Cambo
161		Cambric
V.	3.	NAME OF DECEASED (Type or print)
	5. 5	SEX
	10a	Male  USUAL OCCUPA  during most of
ノ	13.	FATHER'S NAME
	15. (Yes	WAS DECEASED
		IB. CAUSE OF
196		PART I. I
	z	Canditions, i gove rise to cause (a), stati lying cause to PART II.
2	CATIO	
	CERTIFIC	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT
	MEDICAL	20c. TIME OF IN Haur a. p.
		21. I certify
198		alive an
		ACTUAL SIGNATURE
-1		PHYSICIAN'S NAME (Type)
	220	BURIAL, CREMA
35134	23	Burial

death. Page 4

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs of

moy be retained the haspital or attending physician.

TO FUNERAL DIR

R: After this certificate has been signed by the attending physician and completely filled in by page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registrar prior to burial, cremation, or remaval, and in any event within 72 hours after death.

VS A1S (4) 15M 9/55

heral director, ald be filed with

1.	PLACE OF DEATH				- 13	USUAL RESIDE	ENCE (W	here deceased	lived. If institu		ice befo	re admis	sion)
L	Dorches	ster Co.		MARYLAND	<u>'                                     </u>	Max	vlar	nd	5. 200111	Dorok	oct.	an C	^
	RURAL ond give ne	5.8		c. LENGTH OF STAY IN 18		c. CITY OR TO	₩N (if	outside carpor	ote limits, write	RURAL ond	give nec	arest tow	กั
-	Cambri	ige, Maryla	ind	Life	1/	Can	brid	lge, Mar	yland				
	OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET AD	DRESS	10				e. IS RES	FARM?
	Cambridge	Maryland	Н	spital		1,0	n By	rn St.					NO.
477	NAME OF DECEASED	Fir	st	Middle		Last		4. DATE	Mo	onth	Da	у	Year
	(Type or print)	011	ver	Ψ.		Grav		DEATH	1		4		19 60
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	] B. D	ATE OF BIRTH			9. AGE (In year				ER 24 HRS.
	Male	White	WIDOW	Δ.	6	/21/180	1.		lost birthday)		Days	Hours	Min.
100	. USUAL OCCUPATIO		dane 10b	. KIND OF BUSINESS OR INI	DUSTRY			or foreign co	untry)	12. CI	IZEN C	F WHAT	COUNTR
	Make M	allman.		Mailman		Mar	waar	bc			. 1	II S	Λ
13.	FATHER'S NAME				1	4. MOTHER'S A	MAIDEN	NAME				0.50.5	11.
	Thoms	as_Grav				Tr	47	Jones					
	WAS DECEASED EVEL	IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17	. INFO	RMANT	JJy	Jones	Ad	dress			
( to		If yes, give war or dates of s	envice)	Unlenger		T - 0		F	7 0		3 7 8 8	1	
	Yes WW 1 Unknown Le Compte Funeral Service, I									ce, Ke	INTERVAL BETWEEN		
	PART I. DEATH WAS CAUSED BY:									ONSET AND DEATH			
		IMMEDIATE CAUSE (0		ronary occlus	ion						-	3-4	nins.
	420.1	DUE TO											
	Canditions, if ony, which (b) Coronary sclerosis, marked								unknown				
	gove rise to in catse (a), stating t												
	lying cause lost.	(c	Ar	teriosclerosi	S 2	enerali	zed				ur	kno	(m
NO	PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NO	T RELATED TO T	HE TERM	AINAL DISEASE	CONDITION G	IVEN IN PAR		9. WAS	AUTOPSY
CERTIFICATION		liabetes me											DRMED?
ERTIF	20a. ACCIDENT WA	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE:	SCRIBE HOW INJURY OCCUR	RRED. (E	nter noture of	injury in	Port I or Part	II of item 1B.)				
					01.000	-							
MEDICAL	20c. TIME OF INJURY		or 20d. While		foctory	OF INJURY IH	ome, forr bidg., etc	m, ; 20f. (City c.) !	ar town)	(	County)		(Stote)
ME	p. m.	19		rk - at work					Elle				
	21. I certify th	at I attended the	decea	sed fram 10-23	-59	. 19	ta	1-8-60	. 19	that I	last so	w the	decense
	21. I certify that I attended the deceased fram. 10-23-59, 19, ta 1-8-60, 19, that I last saw the decease alive an 1-8-60, 19, and that death accurred at 9:45PM, fram the causes and an the date stated above												
-6	ADDRESS (Street, city or town, state)  DATE SIGNE												
	ACTUAL	-06/2:11 A	#	World		15 T							
	SIGNATURE	range	/1.	We Ja	M.D	10 TO	cust	ptree	t. Cambi	ridge,	_Md.	1-6	1-50
	PHYSICIAN'S												
	NAME (Type)	Eldridge		Wolff, M.D.									
220	P. BURIAL, CREMATIO REMOVAL (Specify)	N, 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CE	REMATORY	1 1/1	22d. LOCAT	ION (City, town,	or county)		(Stat	le)
	Burial	1/8/60		Dorchester	Mem	Park		Cam	hridge.	Marvl	and		
23.	FUNERAL DIRECTOR	SIGNATURE		ADDRESS	,			D BY REGISTE		SISTRAR'S SI		RE	
-	Le Compte	Funeral Se	rvio	e, Cambridge,	Md	,	DATE	JAN 1 4	'60	Chilhun	8. H	west.	
-								-244					

O DE HALL MAN THE REAL PROPERTY AND ADDRESS OF THE PARTY AND ADDRESS OF	TE OF DEATH	APHITSHID A		
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	A media (a. Ar.,			CALCID HARDS
			A Landard	

MARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE,	18
Time	m 7 W	11-025/111	0 60 0+	

F11mG254 1-18-00 et

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4		063	CERTIFIC	CATE OF DEATH	1		Reg. Di	st. No	(100	750
1.	PLACE OF DEATH o. COUNTY	Dorchester	MARYLAN	2. USUAL RESIDENCE (Who o. STATE Marylan		ived. If institution b. COUNTY	n: Residen		re odmissi	on)
	b. CITY OR TOWN ( RURAL ond give no rural Car		c. LENGTH OF STAY IN 1	c. CITY OR TOWN (IF C		te limits, write RU	JRAL and	give ne	arest town	
	OR INSTITUTION	TAL (If not in hospitol, give street Shore State Hosp		d. STREET ADDRESS						DENCE FARM? NO
3.	NAME OF DECEASED (Type or print)	First ELLA	Middle LYDIA	Lost HALEY	4. DATE OF DEATH	Mont Jan.	h	Do	,	eor 9 60
	female	6. COLOR OR RACE 7. MARI	ED NORTER WARRIED	8. DATE OF BIRTH 11/9/89	9	. AGE (In years lost birthday) 70 yrs.	Months	1 YEAR Doys	IF UNDE Hours	R 24 HRS. Min.
	Housework	ON (Give kind of work done life, even if retired)	KIND OF BUSINESS OR IN	Md.		ntry)	12. CITI	S.	WHATC	DUNTRY?
13.	Charles B	enson		MOTITE COX	NAME 15 C.E.					
		R IN U. S. ARMED FORCES? (If yes, give war ar dates of service)	none	INFORMANT Hospital	l recor	addr	ess			
	PART I. DEA  450.0  Conditions, if a gove rise to i	DUE TO		eriosclerosis					ERVAL BE	
TION	lying couse last.	HER SIGNIFICANT CONDITIONS			INAL DISEASE	CONDITION GIV	EN IN PAR	T 1(o) 1	PERFO	RMED?
CERTIFICATION		Bepressive Rea  AS UNDERLYING DESTRICT CAUSE OF DEATH MEDICAL EXAMINER)		RRED. (Enter nature of injury in	Port I or Port I	I of item 18.)			YES [	NO 🔯
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	RY Manth, Doy, Year 20d. I While of wor	Nat while	PLACE OF INJURY (Home, farm factory, street, office bldg., etc	-)			County)	700	(State)
	21. I certify the olive on Sactual SIGNATURE	nat I attended the decease M 5 , 195	ond that de		_M, from th	ne causes one et, city or town,	d on the stote)	e dote	stoted	obove. E SIGNED

PHYSICIAN'S NAME (Type) Thomas J. Dredge 220. BURIAL, CREMATION, REMOVAL (Specify)
Burial

22b. DATE THEREOF
Jan. 9, 1960

Jan.9,1960

22c. NAME OF CEMETERY OR CREMATORY Galena Cemetery

22d. LOCATION (City, town, or county) Galena, Kent Co.

(Stote) Md.

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

24a. REC'D BY REGISTRAR DATEJAN 8 '60

246. REGISTRAR'S SIGNATURE Orthug S. Kraus

VS A1S (4) 15M 9/SB

BENEAU LON- TO CONTROL WHEN THE RESERVE AND THE AND THE 200 DO NOT THE PERSON The state of the state of the the state of the s divide the block the design the control of the cont 1 CONTROL OF THE PARTY OF THE P

Reg. Dist. No.

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been signed by the offending physician and completely lifted in by the	Istransit permit. Then please remove corban popers. Pages 1 and 2 shazed be filed with	val, and in any event within 72 hours ofter death,
Dee	·tra	ol,

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

VS A

	1. PLACE OF DEATH  o. COUNTY	chester Co.	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE  Maryla:	b. COUNT	tion: Residence before admission) Y Dorchester Co
		If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, write	RURAL ond give nearest town)
067	d. NAME OF HOSPIT OR INSTITUTION	bridge Md.  IAL (If not in hospital, give stre		d. STREET ADDRESS	, Md. R.F.D.	e. IS RESIDENCE ON A FARM? YES, TO NO
	3. NAME OF DECEASED	Maryland,	Hospital. Middle	l None	4. DATE M	onth Day Year
	(Type or print)	Charl	es H.	Handley	OF DEATH	n 19 60
	5. SEX		ARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthdoy)	
	Male	White WIDO	WED DIVORCED	1/18/189		The state of the s
-	10a. USUAL OCCUPATION during most of work	ON (Give kind of work done 16 king life, even if retired)	Db. KIND OF BUSINESS OR INDU			12. CITIZEN OF WHAT COUNTRY
4	Waterman		Waterman		r Co. Marylan	d. U.S.A.
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME	
		Handley		Cohralia	Seward	
		R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17.	NFORMANT	Ad	Idress
	_Yes		212-11-1276	Mrs., Charle	Handley. R	FPD #1 Cambridge.
		ATH [Enter only one couse per	r line for (o), (b), and (c).]	1 11 -		INTERVAL BETWEEN ONSET AND DEATH
NE A	PARI I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Cerepi	13/ 1/E	morrhag	0 1 1 24
	Conditions, if o gove rise to i code (o), stoting lying couse lost.	mmediate DUE TO	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAI DISFASE CONDITION G	IVEN IN PART 1(o) 19. WAS AUTOPSY
0	ICATIO		ESCRIBE HOW INJURY OCCURRE			PERFORMED? YES NO
		MEDICAL EXAMINER)				
	20c. TIME OF INJUR Hour a. m. p. m.	. Wh		ACE OF INJURY (Home, farm ctory, street, office bldg., etc	20f. (City or town)	(County) (State)
200	21. I certify th	nat I ottended the dece	osed from 1/30/6	υ, 19 , to	1/30 196	O, that I last saw the decease
	alive on	1/20 19	ond that death	6 VIII	. /	and on the dote stated abov
	ACTUAL SIGNATURE	Parkerel 1	maryaner	M.D.	ADDRESS (Street, city or town	n, state) A DATE SIGNI
1	PHYSICIAN'S NAME (Type)	Lawrence	e Maryano	v Ca	mbridg	e, Md
Q	270. BURIAL, CREMATIC REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR	2/2/60	22c. NAME OF CEMETERY CO	Nam Panis	Cambridge D BY REGISTRAR 24b. REC	or county) (Stole)
700	23. FUNERAL DIRECTOR	3 SIGNATURE	ADDKE22	24a. REC'	D BY KEGISTRAR   245. REC	DISTRAK 2 SIGNATURE
a			ice. Cambridge.	Md. DATEEF	B 8 '60 0	other S. Frank

MARY LAND STATE DEPARTMENT OF HEALTH-EALTHORE BESS CERTIFICATE OF DEATH AND A PERSON ASSESSMENT OF THE PARTY OF THE The state of the s and the second of the second section of the section of medical state of the state of t white the road states a sale of the sale o x let, a plantage of the second of the secon

e. IS RESIDENCE

ON A FARM?

YES NO NO

10 60

Hours

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

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PERFORMED? YES |

NO T

(Stote)

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DATE SIGNED

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1/12/60

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VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH - BALTIMORE. 97775 MEDICAL EXAMINARYS CERTIFICATE OF DEATH.

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VS. A15ME(5) 5M 9/55

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Z	Prti	5	0 1
UTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs ofter death. If ony delay is necessary, please exe	he certifice writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director tige 4 should be	orded to the mief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	IERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, cremation
>	he	P	u.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	ORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEA	HTA	
- Aran		R
Lo stetted premining day 1 4 C 4	45 6 424	12.

		WE	DICA	L EXAMIN	IER'S	CERTIF	ICAT	E OF DE	ATH	Reg. Dist.	No. ()	0606
1.	PLACE OF DEATH o. COUNTY DO	rchester	05.	97 MAR	YLAND	2. USUAL RESI		nere deceased live	d. If Instituti	-	ches	
	and give nearest town)	outside corporate limits, write	RURAL	c. LENGTH OF STAN	Y IN 1b	1		w Marke		URAL and gi	ive necrest	lown)
		idge Hos			ess)	d. STREET A	DDRESS					RESIDENCE ON A FARM?
3.	NAME OF DECEASED (Type or print)	Rosal		Middle B.		Henry		A. DATE OF DEATH	Month Janu		Day 29	Year 19 60
5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRI	ED B	DATE OF BIRTH	1100	19 9. AG	Attack almost	FUNDER 1Y		NDER 24 HRS.
	Temale	White	WIDOWE		-	7/10/	1/1)		yrs.	Months Da	ys Hou	rs Min.
10	o. USUAL OCCUPATION during most of working Housewill	N (Give kind of work of life, even if retired)	1	NIND OF BUSINESS OF OWN home	RINDUST		rland			1 1 1 1 1 1 1	U.S.	AT COUNTRY?
13	. FATHER'S NAME		97.			14. MOTHER'S						
	J.E.	Boston				Mage	gie P	hillips	3			
		R IN U. S. ARMED FO (If yes, give wer or dates of		SOCIAL SECURITY NO		Percy F	Henry	Eas	Address st Nev	w Mar	ket,	Md.
	PART I. DEAT	iote cause	se per line	for (o), (b), ond (c).] Coronary	00	clusior	1				interval be onset and 2 h	
CERTIFICATION	PART II. OTH	er significant con	DITIONS <u>C</u>	ONTRIBUTING TO DEA	<u>TH</u> BUT N	OT RELATED TO	THE TERMIN	AAL DISEASE CON	DITION GIVE	N IN PART 1	(a) 19. W/PEI YES [	RFORMED?
		SE WAS TRIBUTING   20	b. DESCRIB	E HOW INJURY OCCU	JRRED. (E	nter nature of inj	ury in Port	l or Port II of iten	n 18.)			
MEDICAL	20c. TIME OF INJUR Hour g. m. p. m.	Y Month, Day, Yea	While		20e. PLAC	CE OF INJURY (H pry, street, affice	lome, form, bldg., etc.)	20f. (City or tov	vn)	(Count	y)	(Stote)
		at I took charge from: Natural				cide 🔲, H	omicide	, Undete	tion [],	-		d find that
	SIGNATURE  EXAMINER'S NAME (Type)	John Ma	ce J		1,	_M.D. ASSISTAN		L EXAMINER			1-	30-60
27	SURIAL, CREMATION	N, 226. DATE THERES		DE NAME OF SEME	TERY OR			226 LOCATION (	City, town, or	county)	-	itote)
23	SULL X	Alloy	they !	East Neu	me	uket	240. REC'D FEE	BY REGISTRAR 360		hun & H		**

# A STATE OF S AND RESTRECT OF THE PROPERTY OF THE PARTY OF 240-32570 Date between the sector Date of Date o

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1				Reg. Dist. No.						
		rchester	U598 MARYLAN	2. USUAL RESIDENCE ( o. STATE Mary			ution: Reside NY DOI			
	b. CITY OR TOWN (If a and give reporest lown)  Cambrid	outside corporate limits, write RUI	c. LENGTH OF STAY IN 1 25 yrs.	6. CITY OR TOWN (		orate limits, write	RURAL ond	d give n	earest low	n)
	d. NAME OF HOSPITA 64 Dougla		t in hospital, give street address)	d. STREET ADDRESS	glas	St.			ONA	SIDENCE FARMS NO 2
	3. NAME OF DECEASED (Type or print)	Samue 1	Middle	Irving	4. DATE OF DEATH	Janus		Doy 22	Y•	60
	5. sex Male	6. COLOR OR RACE 7. Negro wi	MARRIED NEVER MARRIED DOWED DIVORCED	7/9/1898		9. AGE (In years lost birthday) yrs.	IF UNDER Months	1YEAR Days	Hours Hours	R 24 HRS. Min.
	10a. USUAL OCCUPATION during most of working Labor	life, even if retired)	General	South (			12. CITI	ZEN O		OUNTRY?
	13. FATHER'S NAME Butle	r Irving		14. MOTHER'S MAIDEN Emma						
ĺ		R IN U. S. ARMED FORCES		Mrs. Maggie	rvi	ng 64 I	Dougl	as	St.	
	Conditions, if on gove rise to immedi (a), stoting the un couse last.	DUE TO  y, which ofe cause nderlying DUE TO  (c)	oronary occlus		AINAL DISEASE	CONDITION GI	VEN IN PAR			UTOPSY RMED?
	PART II. OTHE	SE WAS TRIBUTING [] 20b. D	ESCRIBE HOW INJURY OCCURRED	), (Enter noture of injury in Po	ort I or Port II	of item 1B.)				
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year		PLACE OF INJURY (Home, for actory, street, office bldg., et		or lown)	(Cou	unty)		(Stote)
		at I took charge of from: Natural cau	the remains described a ses , Accident , S	bove, held an Autop Suicide 🔲, Homicid		nspection K		y 🔲  -	, and fi	ind that
9	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	John Mace	Jr. MD.	M.D. CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	CAL EXAMINE		25/60	)	DATE SI	GNED
	220. BURIAL, CREMATION REMOVAL (Specify) BUT 181	1/26/60	22c. NAME OF CEMETERY Bethel Cem			rion (Gity, town, oridge,			(Stote)	•
	23. FUNERAL DIRECTOR'S Herbert S	SIGNATURE	ADDRESS Cambridge, Md.	24a. REC	JAN 28	RAR 245 REGI	STRAR'S SIC	HATH	RE .	

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isary, please files.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

.00698

			A				Reg. I	Dist. No	o	
1. PLACE OF DEATH			0599	2. USUAL RESIDENCE	E (Where deceo	sed lived. If institu	lion: Resid	dence be	fore adm	ission)
o. COUNTY	ester Co.		MARYLAND	o. STATE		b. COUNT	1770	,		0
b. CITY OR TOWN (IF	outside corporate limits, writ	e RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		porate limits, write				CO.
and give nearest fawn)				12						
	Maryland		pitol, give street oddress)	d. STREET ADDRES	ridge,	Maryland.	•		L IC B	ECIDENICE
o. NAME OF HOSFIIA	C OK MASHIOMON	ii not in nos	pitol, give street oddress)	G. SIKEET ADDRES	5					A FARM?
9 Ceader	St.			1 9 Coa	der St.				YES [	NO F
3. NAME OF DECEASED	Fir	st	Middle	Lost	4. DATE OF	Montl	h	Doy	1	Yeor
(Type or print)		Misso	າກາ່	Lankford	DEATH	- 1		0	1	1960
5. SEX	6. COLOR OR RACE	7. MARRII		DATE OF BIRTH		9. AGE (In years	IFUNDE	RIYEAR		DER 24 HRS.
73 7	777 1.1	WIDOWE	DIVORCED []		- 0	fast birthday)	Months	Doys	Hours	Min.
H'emale	White		CIND OF BUSINESS OR INDUST	January ?	1873	87 yrs.	12 (1	TITENLO	FIAMAT	COUNTRY
during most of working	g life, even if retired)		CITED OF DOGINESS ON INDOS	III. DIKITI DACE (SI	ole of foreign o	.oomiy)	12. CI	IIZEN O	L WIN	COUNTRY
Housewi	fe		Housewife	Marylan				U.S.	Α.	
13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME					
Asora	Hurley			Sallie	Horsen	an				
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 17. I	NFORMANT		Address				
No	No		Unknown M	na Walter	D	C-7:-1	. 30	-		
	'H [Enter only one cou		for (e), (b), and (c), i	rs. Walter	Darsey,	Salisbui	, M		and.	
PART I. DEAT	H WAS CAUSED BY	Ceh	eral vascula	r accider	nt			ONS	ET AND DE	ATH
0214	IMMEDIATE CAUSE (a	000	orar vapoure						35 h	rs.
231X	DUE TO									
Conditions, if ar										
gove rise to immed (a), stating the u										
cause lost.	(c)									
Z PART II. OTH			INTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TE	RMINAL DISEAS	E CONDITION GIV	FN IN PA	RT 1(a)	9 WAS	ALITOPSY
PART II. OTH  200. EXTERNAL CAU PRIMARY   or CON CAUSE OF DEATH.		-					511 111 121		PERFC	DRMED?
2	les ville								YES []	но 🗌
PRIMARY OF OF CON	ITRIBUTING []	DESCRIBI	HOW INJURY OCCURRED. (E	inter nature of injury in	Part I or Fort II	of item 18.)				
20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Ye			CE OF INJURY (Home, fory, street, office bldg.,	orm, 20f. (City	or town)	(Co	ounty)		(Slole)
Hour a.m.	19	While of wo		ory, sneer, ornice biog.,	orc.)					
	at I took charge		emains described abo	ve held on Auto	nev 🗍 1	nspection [X].	Innui			J 1
	The second second				- Newson			′ –	-	id in my
opinion death	esulled fram:	vatural (	causes X, Accident	, Suicide,	Homicide	Undete	rmined	manne	er	
ACTUAL	1		0						DATE	SIGNED
ACTUAL SIGNATURE	tern.	22cm	-celso	_M.D. CHIEF MEDICAL	L EXAMINER				DAIES	IGNED
				ASSISTANT ME	DICAL EXAMINE	R 🗆				
EXAMINER'S DY	. John M	ace i	fr.	DEPUTY MEDIC	AL EXAMINER	5 1/1	0/60			
220. BURIAL, CREMATIO	N, 22b. DATE THEREC	OF .	22c. NAME OF CEMETERY OR	CREMATORY	22d LOCA	TION (City, town, o	or county)		(State	a)
REMOVAL (Specify)	- 1- 11-							L L	(210)	"1
Burial 23. FUNERAL DIRECTOR	1/12/60		Dorchester Men			ridge, Mar				
		owrei o			EC'D BY REGIST	RAR 246. REGIS	STRAR'S SI	GNATUI	RE	
Te compre	runeral S	GLATC	e, Cambridge,	DATE:	JAN 1 4 1	60	FELLY &	Track	s.dr	

VS. A15ME 5M 2/57

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certific, writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral distance to should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be relained far TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and 2 with the State Baard or its designated agent, prior to buriol, cremation, or removal, and in any event within 72 haurs after death.

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M	ENT OF HEALTI	H-BAL	TIMORE, 1	8			- 12 - 12
:4	ATE OF DEATI	4		Reg. D	ist. Na	000	599
	2. USUAL RESIDENCE (W	here decease	d lived. If institution b. COUNTY	-	nce before		ion)
	c. CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL ond	give ne	arest town	n)
	d. STREET ADDRESS 125 F	lace S	t.			e. IS RES ON A YES	FARM?
	Lost	4. DATE OF DEATH	Moni Jan	1h 22	De	,	Year 19 60
	Dec. 1, 1893		9. AGE (In years lost kiethday) yrs.	Months	Days	Hours	R 24 HRS. Min.
US	TRY 11. BIRTHPLACE (Stote Maryla	or foreign o	country)		TIZEN O	OF WHAT	COUNTRY
	14. MOTHER'S MAIDEN I	NAME					
19	Mrs Roland	Burto	on Camb			aryla ERVAL BE SET AND	
4	Heart	Da	seare			)	- Cay
IT	NOT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o)	19. WAS A	AUTOPSY RMED?
EC	D. (Enter noture of injury in	Port I or Por	t II of item 18.)		= 000		
00	ACE OF INJURY (Home, forn tory, street, office bldg., etc	20f. (City	or town)		(County)		(Stote)
h	19 6 C, ta		n the causes a	nd an I			
B	w.o. [	36	Race	ST	1	1-	3/6
	Memorial Par	22d. LOCA	TION (City fown, of ambridge	r county)	lary.	land	•)
-	Mary land, esc	D av necie	DAD 245 DEGIS				

VS A15 (4) 15M 9/SS

1	ARYL	AND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18

0615 CERTIFICATE OF DEATH

(1()61()

0013			Reg. Dist. No	0.
1. PLACE OF DEATH OR CHESTER MAI	RYLAND 2. USUAL RESIDENCE O. STATE	(Where deceased lived. If b. C	institution, Residence before TALI	fore admission)
b. CITY OR TOWN (If outside corporate limits, write  RURAL and give nearest town)  ANDRODE  C. LENGTH OF STA  20 y 10		(If outside corporate limits,	write RURAL and give no	earest town) 40-2
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION EASTERN SHORE STATE HOSPITA	A L //6	S. AURORA	57.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) L FRANK Midd	LEWIS	4. DATE OF DEATH	JAN. 2	Pay Year 1960
5. SEX.  MALE  6. COLOR OR RACE  WHITE  WIDOWED  DIVORCE	MAVOO	1905 9. AGE (II lost bir		Haurs Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  PAINTER  House Pain	AAA	ate or foreign country) RYLANI		S, A.
13. FATHER'S NAME FRANK LEVIN LEWIS	14. MOTHER'S MAIDE	NHAME	BELL	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY N UNKNOWN (If yes, give wor or dates of service)	17. INFORMANT HOSP	ITAL REC	Address S	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), ond (c)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if ony, which gave rise to immediate cotie (a), stoting the under- lying couse last.  (c)	MYOCARD	MBOSIS		ITERVAL BETWEEN NSET AND DEATH NOTE THE STATE OF THE STAT
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR C	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE CONDIT	ION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	OCCURRED. (Enter nature of injury	in Part I or Part II of item	18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. p. m. 19 While at wark at wark 1	20e. PLACE OF INJURY (Hame, foctory, street, office bldg.,	arm, 20f. (City or town)	(County	y) (State)
21. I certify that I attended the deceased from TAN: 21, 1960, and the ACTUAL SIGNATURE STORE DEFILIPER  PHYSICIAN'S ETTORE DEFILIPER  NAME (Type)	at death occurred at 3:4		auses and on the depretown, state)	
	METERY OR CREMATORY	22d LOCATION (City		(State)
23. FUNERAL DIRECTOR'S SIGNATURE PADDRESS /	MI	EC'D BY REGISTRAR 24	ib. REGISTRAR'S SIGNATI	

OT ENOMAL		ATE DEED	ANYMAM DITE STATE
A STATE OF THE STA	FICATE OF DEATH	IS CEN	
			CONTRACT CON
BOSPOR HOUSES, al. O.	Hiller of the same of the same of	2500	Hiprocentonic asserts
			The same of the same of

		MARYLAND STATE						
		MEDICAL EXA	MINER'S C	CERTIFICATI	E OF DEA		Dist. No. () () 6	11
EPT.	1	PLACE OF DEATH 0. COUNTY 0.0		USUAL RESIDENCE (WHO o. STATE		If institution: Resid	lence before admis	sion)
)	-	b. CITY OR TOWN (If outside corporate limits, write RURAL   C. LENGTH	MARTLAND	c. CITY OR TOWN (IF	nd		orchester	
/		and give nearest town)	ours	,	wood, Mary			
26	7	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give st Cambridge, Maryland, Hospital	eet address)	d. STREET ADDRESS  None	wood, mary	y Lettiti.		SIDENCE A FARM? NO
	3	NAME OF First DECEASED	Middle		. DATE	Month	Day Ye	юг
		(Type or print) William		hicum	DEATH	1		60
	5	. SEX 6. COLOR OR RACE 7. MARRIED NEVE	R MARRIED 8. DAT	TE OF BIRTH	9. AGE It	dayl Months		R 24 HRS. Min.
		Marie	IVORCED   1	/16/1930	29	yrs.		
	1	Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUS during most of working life, even if retired)	INESS OR INDUSTRY	11. BIRTHPLACE (State o	r foreign country)	12. CI	TIZEN OF WHAT C	COUNTRY?
-	1	Waterman Waterm		Marylan	d		U.S.A.	
		3. FATHER'S NAME	14.	MOTHER'S MAIDEN NA	AME			
(	1/	Thomas Linthicum		Agnes Tyl	er			
		3. WAS DECEASED EVER IN U. S. ARM 15 CO CESS 16. SOCIAL SEC				Address		
	-	Yes 1951 Unknow	n Le	Compte Fun	eral Servi	ice, Reco	rds.	
		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), (					INTERVAL BETWEE	TH
		PART I. DEATH WAS CAUSED BY: Intercra	nial inju	ıry			1 Hr.	•
	1	8 d 5 X DUE TO						
		gove rise to immediate cause	base of	skull			1 Hr.	•
		(o), stoting the underlying DUE TO						
		couse tost. (c)	TO DEATH BUT NOT B	PELATED TO THE TERMIN	IAI DISEASE CONDIT	ION CIVEN IN PA	PT 1/01/10 W/AS A	LITOPSY
	0						PERFOR	RMED?
		200. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO	RY OCCURRED. (Enter-	noture of injury in Part	1 or Fort II of item 18	3.)		
		. 1		accident	Y			
26	2	Hour men - /- //- While Not	white factory, s	F INJURY (Home, farm, street, office bldg., etc.)			ounty)	(Stote)
			ork 🗷 High		Church (			Md.
		21. I certify that I took charge of the remains of	escribed above,	held an Autopsy	, Inspection	on [2], Inqu	iry , and	d in my
		opinion death resulted from: Natural causes	, Accident X,	Suicide [], H	omicide [], l	<b>Undetermined</b>	manner 🔲	
			1				DATE SI	GNED
		SIGNATURE June 12	M.I					
- 1	2	EXAMINER'S Dr. John Mace Jr.		ASSISTANT MEDICAL		7/72/6		
0	-	NAME (lype)		DEPUTY MEDICAL EX		1/13/6		
	1	REMOVAL (Specify)	OF CEMETERY OR CREA		22d. LOCATION (City			)
		Burial 1/11/60 Id	Trinity Ch	urch Yard	Church C	Creek, Ma	ryla nd.	
25		Le Compte Funeral Service, Ca			N 1 4 'SO	Callun	- 11	
		The Admitted a writer are ner arroad		DATE IN	THE R PARTY OF THE	( LINAMIT -	/ LANGE	

ACCURAGE SELECTION OF SECURIOR SELECTION OF SECURIOR SELECTION OF SECURIOR 

	AND ST		ATE OF DEAT				0061
1. PLACE OF DEATH	10	CERTIFICA	2. USUAL RESIDENCE (			eg. Dist. No	
o. COUNTY		MARYLAND	o. STATE	THE GOLGOSCO	b. COUNTY	Nesidence belo	
Dorchester Co	and the last	LENGTH OF STAY IN 16	Mary		ote limits, write RURA	orches	
<ul> <li>CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)</li> </ul>	Write C. 1	LENGIH OF SIAT IN ID	c. CITT OK TOWN (	t outside corpor	ore limits, write KUKA	it one give ne	aresi iown)
Andrews Maryland d. NAME OF HOSPITAL (If not in hospital, give		Life		rews, M	aryland		
d. NAME OF HOSPITAL (If not in hospital, give OR INSTITUTION	street addr	ess)	d. STREET ADDRESS	15000			e. IS RESIDENCE ON A FARM?
Home			None				YES NO
3. NAME OF First DECEASED		Middle	Last	4. DATE OF	Manth	Do	y Yeor
(Type or print)	779	Hughes	Monre	DEATH	7		5 19
		NEVER MARRIED	B. DATE OF BIRTH	phy-100			IF UNDER 24 HRS
The state of the s	VIDOWED T	DIVORCED	9/11/1883	993	last birthdoy) M.	anths Days	Hours Min.
Female White "  Oo. USUAL OCCUPATION (Give kind of work dor				ote or foreign co	10	12. CITIZEN C	OF WHAT COUNT
during most of working life, even if retired)							G .
Housewife 3. FATHER'S NAME	H	pusewife	14. MOTHER'S MAIDER	s. Mary	land	U.	S.A.
3. FATHER'S NAME			14. MOTHER 3 MAIDEI	A INAME			
Levin Soloman Hughe				tta Jon			
S. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no, or unknown) (If yes, give wor or dates of servi		IAL SECURITY NO. 17.	INFORMANT		Address		
No No	A	known M	r. Gordy Mor	en. An	drews. Mar	wland.	
18. CAUSE OF DEATH [Enter only one couse	e per line fo					INT	ERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	0	ERERRA	L HEM	0 RR 14	ALF	ON	SET AND DEATH
33/X DUE TO					7 7 65 65		
33.7							
Conditions, if ony, which gove rise to immediate (b)_							
couse (a), stoting the under-							
lying couse lost. ) (c)_							IO WAS ALITORS
PART II. OTHER SIGNIFICANT CONDI			I NOT RELATED TO THE TE	KMINAL DISEAS	E CONDITION GIVEN	IN PART 1(0)	PERFORMED?
ARTERIO							YES NO
PART II. OTHER SIGNIFICANT CONDITION  ARTERIO  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CIF EITHER, NOTIFY MEDICAL EXAMINER)	Ob. DESCRIB	E HOW INJURY OCCURR	ED. (Enter noture of injury	in Port I or Port	II of item 1B.)		
20c. TIME OF INJURY Month, Day, Year			LACE OF INJURY (Home, f		or town)	(County)	(Stote
20c. TIME OF INJURY Month, Day, Year Hour a.m., p. m. 19	While of work	I 401 MUILE	actory, street, office bldg.,	erc.)			
		12-/-	2 1015	110	20/00		1 1
21. I certify that I attended the d	deceased		7, 19_5_7_, to	7			aw the decea
alive an	, 1960	, and that deat	h occurred at				
2.1.10	1.				reet, city or town, stol	le)	DATE SIGN
SIGNATURE GIFTER VE	. ma	manor	M.D. 13	6 KF	rce 51,		1/8/60
PHYSICIAN'S ALFRED	P. M	MARYANOL	1 C1	HMBR	106E	,	MD.
220. BURIAL, CREMATION, 226. DATE THEREOF	27	C. NAME OF CEMETERY	OR CREMATORY	22d. LOCA	TION (City, town, or c	ounty)	(Stote)
REMOVAL (Specify)							
23. FUNERAL DIRECTOR'S SIGNATURE		Wesley Churc		EC'D BY REGIST		rland.	JRE

may be retained to the hospital ar attending physician.

TO FUNERAL DIRECT: After this certificate has been signed by the attending physician and campletely filled in by the process of the page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 VS A15 (4) 15M 9/SS

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MSS TO HOSPITAL OR MSS STO HOSPITAL OR MSS STO FUNERAL DIRECTOR STORY ST

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

		UOL						Reg. Dis	t. No.	
1. PLACE OF DEATH a. COUNTY D	orchester		MARYLA	- 11	usual residence	Where decease yland		ution: Residence TY Dorch		mission)
b. CITY OR TOWN ( RURAL and give no rural Camb			LENGTH OF STAY IN		c. CITY OR TOWN	(If autside corp nbridge	orote limits, write	RURAL ond g	jive nearest (	tawn)
OR INSTITUTION	ore State Ho				d. STREET ADDRES	ss B Willis	Street		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	First NETT	IE	Middle MAY		NORTH	4. DATE OF DEATE	Tox	ionth	22	Yeor 60
5. SEX Female	6. COLOR OR RACE	MARRIED WIDOWED			9-19-85		9. AGE (In year last birthday	) Months	Days Hou	NDER 24 HRS
10o. USUAL OCCUPATION during most of world HOUSEWI	ON (Give kind of work do king life, even if retired) 10	one 10b. KIN	D OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (S Marylar		country)		S.A.	AT COUNTRY
13. FATHER'S NAME George	lorth			14	. MOTHER'S MAID Charlo					
	R IN U. S. ARMED FORC (If yes, give war or dates of sen		CIAL SECURITY NO.	INFO	RMANT Hosp	ital re		ddress		
Conditions, if o gove rise to i couse (a), stoting lying couse last.  PART II. OTH	mmediate DUE TO	TIONS CON	TRIBUTING TO DEATH	H BUT NO	RELATED TO THE T	ERMINAL DISEA	SE CONDITION (	GIVEN IN PART	1(o) 19. W	AS AUTOPSY
PART II. OTH	AS UNDERLYING   2	Ob. DESCRIB	E HOW INJURY OCC	URRED. (E	nter nature of injur	y in Port I ar Pa	rt II of item 18.)			RFORMED?
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yeor	20d. INJUI While at wark	Not while		OF INJURY (Hame, street, office bldg.		y or tawn)	(C	County)	(Stote
ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	Thomas J. Di	J.T	fram August	eath ac	, 19.56 , ta curred at 16/5 E.S.S.Ho	ADDRESS (	the causes of Street, city or town Cambrid	and an the	date sta	
REMOVAL (Specify) Burial			orchester		rial Davi	Ca	mbridge,	Md.	· ·	Stote)
23. FUNERAL DIRECTOR	h X Hus	neo	Cambrid		240.	JAN 27		GISTRAR'S SIG		

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	e 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages

		UD	19 0511110	TIE OI DEATI			Reg. Dist. I	No.	0 - 1
1. PLACE OF DEATH				2. USUAL RESIDENCE (W	here decease		n: Residence b	efare admi:	ssian)
	chester Co.		MARYLAND	o. STATE Marvlar	ha	b. COUNTY	Dorche	aton	Co
b. CITY OR TOWN I	If outside corporate lim		c. LENGTH OF STAY IN 15	c. CITY OR TOWN (If		prate limits, write RI			
RURAL and give n	earest town) Hill. Md.		Life						
		rive street	address)	d. STREET ADDRESS	HILL	, Marylan	d.	I IS DE	SIDENCE
	TAL (If not in hospital, g	3110 311001	3001011	1 d. STREET ADDRESS				ON.	A FARM?
None				None				YES L	] NO-[]
3. NAME OF DECEASED	Fig	rst	Middle	Last	4. DATE OF	Mon	th	Day	Year
(Type or print)		Etta	Tyler	Phillips	DEATH		1	31	19 60
5. SEX	6. COLOR OR RACE	7. MARR	HED NEVER MARRIED	8. DATE OF BIRTH	10 To	9. AGE (In years last birthday)	IF UNDER 1 YE		DER 24 HRS
FeMale	White	WIDOW	DIVORCED	10/6/1872		87 yrs.	Months Day	's Haurs	Min.
10a. USUAL OCCUPATIO	ON (Give kind of work	done 10b.	KIND OF BUSINESS OR INDU		ar foreign c	I U I	12. CITIZEN	OF WHA	T COUNTE
during most of work Housew	king life, even it refired	)	Housewife						
13. FATHER'S NAME	TTE		nousewile	Dorcheste		Maryland	al II.	S.A.	
Jabez T				Emily Go	ottee				
15. WAS DECEASED EVE	If yes, give wor or dates of s	ICESY 16.	SOCIAL SECURITY NO. 17.	NFORMANT		Addr	ess		
No	No		No I	e Compte Fune	rnlan	* Servic	e. Camb	ridge	_Md
18. CAUSE OF DE	ATH [Enter only one co	ouse per li	ne for (a), (b), and (c).]	0 0				NTERVAL B	ETWEEN
PART 1. DEA	TH WAS CAUSED BY:		Coronan	a Inle	- Vina			NSET AND	DEATH
420.1	DUE TO	-			^		0 .	7-04	
Conditions, if o	nu which \		a-to	D. C.	. Store	-1-0	Desta	10.	ma
gove rise to i	mmediate		1 - Lungary	dyta c	26040	France	Constant 1		100
lying couse last.	the under-	,							
	, , , (c								
PART II. OTI	HER SIGNIFICANT CON	ADITIONS C	CONTRIBUTING TO DEATH BUT	NOT KELATED TO THE TERM	INAL DISEAS	0	enfor 1 Pm/	PERF	ORMED?
<u>5</u>	Angles	ana m	of larginore	Ander Va	sean	3	alwe Paul	YES	NO D
OR CONTRIBUTING	AS UNDERLYING TO	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Part I or Par	t II of item 18.)			
	MEDICAL EXAMINER)								
	RY Month, Day, Ye	1		ACE OF INJURY (Hame, form		y or town)	(Caun	ty)	(State
Hour a.m.	19	White at wor	1401 MIIII6 1	ctory, street, affice bldg., etc	-1				
		10.000	ed from 11 - 16	10 CC.	1-3	1 10/			
	nat I attended the	/		, 19 <u>58</u> , to	2				
alive an	1-30	, 19_9	$2\Omega_{-}$ , and that death	accurred at					
	7 1			0	ADDRESS (S	treet, city or town,	stote)		ATE SIGN
SIGNATURE	M. De	72-7	Les Land	M.D. Con	Uncel	Ly a		2	5 - 6
PHYSICIAN'S NAME (Type)						O			
22a. BURIAL, CREMATIC REMOVAL (Specify)		OF .	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCA	TION (City, town, a	r county)	(Sta	ite)
Rurial	2/3/60	100	Dorchester M	em Park	Camb	ridge. M	har lyre		
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		D BY REGIST		TRAR'S SIGNA	TURE	
To Compto	Funemal Ca	20772	Cowbast des	Md DATE F	EB 8 '	60 a	7 - 0 4	-	
Te combre	Funeral Se	TVICE	Cambridge,	Md. DATE	LP U	UV L	Dung & te	rolls	

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MARYTANE STATE OFFICE HEATH OF HEATH - CHATTHEAD RESERVING RESERVI

00615

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Dor	chester	OUZ	MARY	11		sidence (v Maryl		sed lived. If instit b. COUN	tution: Residen		
and give nearest town)	outside corporate limits, write RUR mbridge		49 years	N 1b	c. CITY OF	Cambr		porate limits, write	RURAL and	give neore	st town)
	-Maryland Ho	- 14		)	d. STREET		lenbu	rn Ave.,			IS RESIDENCE ON A FARM? ES NO
3. NAME OF DECEASED (Type or print)	First Margare	tha	Middle Sticht		Pink		4. DATE OF DEATH	Mon Januar		Doy 960	Year 19
5. SEX Female Male	6. COLOR OR RACE 7. White WI	MARRIED DOWED [			reh 2	н 26,187	9	9. AGE (In years lost birthday) 80 yrs.	Manths D		UNDER 24 HRS.
10a. USUAL OCCUPATIO during most of working Homema.KeI	N (Give kind of work done life, even if retired)	10b. KIN	ID OF BUSINESS OR I	NDUSTRY 1		klyn,		country)	12. CITIZ	U.S.	HAT COUNTRY?
13. FATHER'S NAME				14.		MAIDEN N					
	sten Sticht					sena B	rede				
15. WAS DECEASED EVER	R IN U. S. ARMED FORCES (If yes, give war or dates of service	16. SC	OCIAL SECURITY NO.	Miss		a E.Pi	nk,10	Addres 3 Glenbu:		, Cam	bridge ,N
Canditians, if an gove rise to immedi (o), stoting the wicause last.	iote couse	4.OU	gestive_r	leart	181	lure				3_h	r 40mir
САТІС	ER SIGNIFICANT CONDITIO	ONS CON	TRIBUTING TO DEATH	L BUT NOT R	ELATED TO	O THE TERM	INAL DISEAS	E CONDITION G	VEN IN PART		ERFORMED?
	SE WAS TRIBUTING   20b. D	ESCRIBE H	OW INJURY OCCUR	RED. (Enter	nature of i	njury in Por	t I ar Port I	of item 18.)			
20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Year	20d. INJ While at work	_ Not while _	e. PLACE O factory, s	f INJURY ( treet, affic	(Home, form e bldg., etc.	20f. (Cit	y or town)	(Cour	ity)	(Stote)
	at I toak charge af from: Natural cau	_						nspection X ndetermined		/ <u> </u>	nd find that
ACTUAL SIGNATURE	Jen 7	<u></u>		<u></u>	v.	MEDICAL EX				D/	ATE SIGNED
EXAMINER'S NAME (Type)	r. John Ma	ce a	Jr.		DEPUT	MEDICAL	EXAMINER	0 1/:	14/60		
22g. BURIAL, CREMATION REMOVAL (Specify) BUTIAL	Jan. 1.5,19		Dorchester			Park		TION (City, town, bridge, l			(State)
23. FUNERAL DIRECTOR'S		viu	ADDRESS Camb			240. REC'	D BY REGIS	TRAR 24b. REG	ISTRAR'S SIGI		

VS. A15ME(5) 5M 9/55

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		060	3 CERTIF	ICAT	E OF DEATH	1		Reg. Di	st. No.	(, , , ) =
1. PLACE OF DEATH o. COUNTY	rchester C	) •	MARYLA	- 11	USUAL RESIDENCE (WHO STATE Marylar		ed lived. If institut b. COUNTY			odmission)
	outside corporate limi		c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (If o		orote limits, write			
	ge. Maryla	nd	6 Days	X	Bishops H	lead.	Marryland			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, g	ive street		1	d. STREET ADDRESS				9 9	IS RESIDENCE ON A FARM? 'ES NO
3. NAME OF DECEASED (Type or print)	Fir Marea		Middle Bavli	ss R	obinson	4. DATE OF DEATH	Mo	nth	Day	Year 19 60
S. SEX		7. MARI	RIED NEVER MARRIED		ATE OF BIRTH		9. AGE (In years			UNDER 24 HRS
Female	White	WIDOW	ED DIVORCED		6/17/1892		lost birthdoy)	Months	Days 1	lours Min.
10o. USUAL OCCUPATION during most of work Housew	ing life, even if retired	done 10b.	KIND OF BUSINESS OR Housewife	INDUSTRY			country)	12. CIT	IZEN OF	WHAT COUNTR
13. FATHER'S NAME				1	. MOTHER'S MAIDEN N					
Charles B	avliss			80 M	Georian	na Ra	wlice			
15. WAS DECEASED EVE	IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO		ma na		iress	-	
(Yes, no, or unknown)	If yes, give wor or dates of s	ervice)	217-05-802	7 T	Compte Fur	7	0	Recor		
200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	BE SIGNIFICANT CON  SUNDERLYING CAUSE OF DEATH MEDICAL EXAMINER	DITIONS (	CONTRIBUTING TO DEATH	SURRED. (E	nter nature of injury in l	Port I or Po	rt II of item 18.)	A D) VEN IN PAR	0 9	Ada was autopsy performed?
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	While	NJURY OCCURRED Not while t of work	De. PLACE factory	OF INJURY (Home, farm, street, office bldg., etc	, 20f. (Cit	y or town)	(0	County)	(Stote
alive on	1/6/60	12 S	A KS    22c. NAME OF CEMETE   Robinson	eath oc	CAMEMATORY  Ly Cem.	Bis	m the causes in the causes of	or county)	l L	Stote)
23. FUNERAL DIRECTOR			ADDRESS			D 8Y REGIS	TRAR 24b. REG	STRAR'S SIC		
Le Compte	Funeral S	ervic	e. Cambridg	e, Ma	ryland BATE J	AN 14	'60 C	William &	. Hay	4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 moy be retained. The hospital or attending physician.

O FUNERAL DIR: OR: After this certificate has been signed by the ottending physician and campletely filled in by uneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours offer death. moy be retained TO FUNERAL DIR VS A1S (4) 15M 9/5S

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	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	18
TATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	R

00618

PLACE OF DEATH  C. COUNTY  DORCHESTER  MARYLAND  DORCHESTER  L. C. COUNTY  DORCHESTER  C. CENGTH OF STAY IN 1b  C. COUNTY  DORCHESTER  C. LENGTH OF STAY IN 1b  C. CITY OR TOWN II emide corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN II emide corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (III outlide corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (III outlide corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (III outlide corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (III outlide corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (III outlide corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (III outlide corporate limits, write RURAL and give nearest town)  D. CITY OR TOWN (III outlide corporate limits, write RURAL and give nearest town)  D. C. CITY OR TOWN (III outlide corporate limits, write RURAL and give nearest town)  D. C. CITY OR TOWN (III outlide corporate limits, write RURAL and give nearest town)  D. C. CITY OR TOWN (III outlide corporate limits, write RURAL and give nearest town)  D. C. CITY OR TOWN (III outlide corporate limits, write RURAL and give nearest town)  D. C. CITY OR TOWN (III outlide corporate limits, write RURAL and give nearest town)  D. C. CITY OR TOWN (III outlide corporate limits, write RURAL and give nearest town)  D. C. CITY OR TOWN (III outlide corporate limits, write RURAL and give nearest town)  D. C. CITY OR TOWN (III outlide corporate RURAL and give nearest town)  D. C. CITY OR TOWN (III outlide corporate limits, write RURAL and give nearest town)  D. C. CITY OR TOWN (III outlide corporate RURAL and give nearest town)  D. C. CITY OR TOWN (III outlide corporate RURAL and give nearest town)  D. C. CITY OR TOWN (III outlide corporate RURAL and give nearest town)  D. C. CITY OR TOWN (II outlide corporate RURAL and give nearest town)  D. C. CITY OR TOWN (II outlide corporate RURAL and give nearest town)  D. C. CITY OR TOWN (II outlid		Item 9 FilmG255	2-8-60 et Reg. Dist. No.
A. NAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street oddress)  C. ANAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street oddress)  C. ANAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street oddress)  C. ANAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street oddress)  C. ANAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street oddress)  C. ANAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street oddress)  C. ANAME OF HOSPITAL OF INSTITUTION (If not in hospital, give street oddress)  C. ANAME OF HOSPITAL OF INSTITUTION (IV NOTE)  C. CHIRCE OF HOSPITAL OF INSTIT	1.	O. COUNTY DARRUSETER USE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
NAME OF OPERAN STATE   HOSPITAL	-	and give nearest lown	
DECEASED  (Type or print)  (See No. 10 Color or race)  (Se			P - D #3 (TIME DA) ON A FARM?
OC. USIAL OCCUPATION [Give kind of work done   106. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY?    ### ART   13. FATHER'S HAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCESS   16. SOCIAL SECURITY NO.   17. MNORMANT   17. MNORMANT   18. CAUSE OF DEATH   18. CAUSE OF D		DECEASED	OF TO TO
ART   DEATH   MAS CAUSED BY:   DUE TO   Conditions, if only, which gover rise to read to couse   col, stating the underlying over its for Constituting   206. DESCRIBE HOW INJURY OCCURRED   Conditions   color of parts   color	5. 5	111111111111111111111111111111111111111	10-15-98   Strithday   Months Days Hours Min.
THEODORE   TOAD VINE   ANNIE W   HALL		during most of wasking life, eyen if retized)	The content of the co
18. CAUSE OF DEATH   Enter only one course per line for (a), (b), and (c).	13.		1 - 1 - 1 - 1   1   1   1   1   1   1
18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (c)  DUE TO Conditions, if only, which gove rise to immediate course (a), stoting the underlying course fort.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES   NO  NO  NO  NO  NO  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 19. WAS AUTOPSY PERFORMED? YES   NO  NO  NO  NO  PRIMARY   CONTRIBUTING    20c. EXTERNAL CAUSE WAS PRIMARY   CONTRIBUTING    20c. ITIME OF INJURY Month, Doy, Year NO  20c. ITIME OF INJURY Home, form, 120f. (City or town) (County) (Slate)  Phore of work    21. I certify that I took charge of the remains described above, held an Autopsy  , Inspection   Inquiry  , and in my  Opinion death resulted from: Natural causes   Accident  , Suicide  , Homicide  , Undetermined manner    ACTUAL SIGNATURE  NAME IS/CO  REMOVAL (Specify) Parsons Cemetery   CREMATION   (22b. DATE THEREOF   22c. NAME OF CEMETERY OR CREMATORY    REMOVAL (Specify) Parsons Cemetery   Sal1sbury   Maryland    35. FUNERAL DIRECTOR'S SIGNATURE   ADDRESS   24b. REGISTRAK'S SIGNATURE    24c. REC'D BY REGISTRAR   24b. REGISTRAK'S SIGNATURE    10. PART II. OTHER SIGNATURE    NO  NO  NO  NO  NO  NO  NO  NO  NO  N	ĮΥ φ:	s. no. er unknown) (If yes, give wor or dates of service)	ASTERN SHURE STATE HOSPITAL RECORD
Conditions, if any, which gove rise to immediate couse (a), stating the underlying (c).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DOOR NOT CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  20c. EXTERNAL CAUSE WAS PRIMARY DOT CONTRIBUTING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of Item 18.)  20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work of work of injury (Home, form, 20f. (Gity or town) (County) (State)  21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death asulted from: Natural causes Accident Signature  ACTUAL SIGNATURE ACTUAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER SIGNATURE  22. BURIAC CREMATION, 1276. DATE THEREOF PARSONS CEMETERY OR CREMATORY Sallsbury, Maryland  3. FUNERAL DIRECTOR'S SIGNATURE  ADDRESS  246. REC'D BY REGISTRAR 226. REGISTRAR'S SIGNATURE			NITERVAL BETWEEN ONSEF AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NOT NOT PERFORMED? YES NOT PERFORMED? YES NOT NOT PERFORMED. YES NOT		Conditions, if any, which gave rise to immediate couse (a), stating the underlying DUE TO	
CAUSE OF DEATH.  20c. TIME OF INJURY   Month, Doy, Year   Haur   0, m.   19   Of work    CHON		PERFORMED?	
Hour a.m. p. m.  19 While of work of w	CERTIFI	20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.	nler nature of injury in Part I or Part II of item 18.)
opinion death resulted from: Natural causes Accident , Suicide , Homicide , Undetermined manner   ACTUAL SIGNATURE  ACTUAL SIGNATURE  ASSISTANT MEDICAL EXAMINER    ASSISTANT MEDICAL EXAMINER    DEPUTY MEDICAL EXAMINER    ASSISTANT MEDICAL EXAMINER    DEPUTY MEDICAL EXAMINER    220. BURIAC CREMATION, 22b. DATE THEREOF    REMOVAL (Specify)    Burial    Feb. 3, 1960    Parsons Cemetery    Salisbury, Maryland    Suicide , Homicide , Undetermined manner    DATE SIGNED    ASSISTANT MEDICAL EXAMINER    22d. LOCATION (City, lown, or county)    Salisbury, Maryland    Suicide , Homicide , Undetermined manner    DATE SIGNED    Salisbury, Maryland    Suicide , Homicide , Undetermined manner    DATE SIGNED    Salisbury, Maryland    Suicide , Homicide , Undetermined manner    DATE SIGNED    Salisbury, Maryland    Suicide , Homicide , Undetermined manner    DATE SIGNED    Salisbury, Maryland    Suicide , Homicide , Undetermined manner    DATE SIGNED    Salisbury, Maryland    Suicide , Homicide , Undetermined manner    DATE SIGNED    Salisbury, Maryland    Suicide , Homicide , Undetermined manner    DATE SIGNED    Salisbury, Maryland    Suicide , Homicide , Undetermined manner    DATE SIGNED    Salisbury, Maryland    Suicide , Homicide , H	MEDICAL	Haur a. m. While Not while facto	CE OF INJURY (Home, farm, 20f. (City or tawn) (County) (State) pry, street, office bldg., etc.)
ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY DE	V		
NAME (Type)  Parsons Cemetery  DEPUTY MEDICAL EXAMINER  22d. LOCATION (City, lown, or county)  REMOVAL (Specify)  Burial  Feb. 3, 1960  Parsons Cemetery  Salisbury, Maryland  ADDRESS  24d. REC'D BY REGISTRAR'S SIGNATURE		SIGNATURE A CONTROL OF THE SIGNATURE A CONTROL O	_M.D. CHIEF MEDICAL EXAMINER []
Burial Feb. 3, 1960 Parsons Cemetery Salisbury, Maryland  ADDRESS 246. REC'D BY REGISTRAR'S SIGNATURE	120	NAME (Type) JOHN 194 CE JR.	
The state of the s		Burial Feb. 3, 1960 Parsons Cer	metery Salisbury, Maryland

VS. A15ME 5M 2/57

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VS A15 (4) 15M 9/55

								MAR' MIST	140.	
1. PLACE OF DEATH g. COUNTY			MARYLA		. USUAL RESIDENCE (V	Where decease	ed lived. If institut		efore admi	ssion)
Dor	chester Co.		MUNITER	-	Mary	land		Dorche	ster	Co
b. CITY OR TOWN ( RURAL and give n	If outside corporate limit earest tawn)	ls, write	c. LENGTH OF STAY IN	1 1Ь	c. CITY OR TOWN	f autside corpo	orate limits, write f	RURAL and give	nearest lav	vn)
Cambrid	ge. Marylan	ıd	Life	1/-	Cambridge	Marv	land			
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g	ive street	address)	1	d. STREET ADDRESS	, 1, <del>41</del> y.	A COLUMN TO A COLU		ON	A FARM?
Cambrid	ge. Marylan	d Ho	spital		119 Chop	tank As	170		YES [	] NO.[]
3. NAME OF DECEASED	Fin	st	Middle		Last	4. DATE OF	Moi	nth	Day	Year
(Type ar print)	Edwa	rd	G.		Vickers	DEATH	7		0	1960
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	B. 0	DATE OF BIRTH		9. AGE (In years last birthday)	Months Da		DER 24 HRS.
Male	White	WIDOW	ED DIVORCED		/10/1887		70 yrs.		110011	Wint.
10a. USUAL OCCUPATION	ON (Give kind of work of	ione 10b.	KIND OF BUSINESS OR	INDUSTRY		te ar foreign o	country)	12. CITIZEI	OF WHA	T COUNTRY
	king life, even if retired)		T-1		m =					
Waterman 13. FATHER'S NAME			Waterman	1.	14. MOTHER'S MAIDEN	Island	d, Maryla	nd U.	S.A.	
IS. FAIRERS NAME					14. MOTHER S MAIDEN	INAME				
William	Greenbury V	icke	rs		Harri	et Geo	checon			
	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFC	RMANT	~~~~	ghegan ambridge,	ress		
(Yes, no. or unknown)	(If yes, give war or dates of se					Ca	ambridge,	Maryla	nd.	
Yes	WW-1		Unknown	Mr	s. Edward	Vickers	, 119 Ch	Chroniz	A TEM	
	ATH [Enter only one ca	use per li	ne far (a), (b), and (c).]		1			[	NTERVAL T	D DEATH
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)	(	oscello	in.	en. Vo	1010			7	DUCAIN
163X	DUE TO					V				
		dia	A L	1	,	1				
Conditions, if a		100	in mere	10	19.00	0				
catse (o), stoting										
lying cause last.	(c)			1839	LIVE DOME					
Z PART II. OT	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE TER	MINAL DISEAS	SE CONDITION GIV	VEN IN PART 10	1 19. WAS	AUTOPSY
PART II. OT	1.								PERF	ORMED?
2	Mon		-						YES [	NON
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCC	CURRED. (	Enter nature of injury i	n Part I ar Pa	rt It of item 18.)			
G (IF EITHER, NOTIFY	MEDICAL EXAMINER)	100					-			
20c. TIME OF INJUI	RY Manth, Day, Yea	-		Oe. PLACE	OF INJURY (Home, fa	rm, 20f. (Cit	y or tawn)	(Cour	ıty)	(State)
Hour a.m.	19	While at wor		ideloi	y, sireer, ornice blug., e	,				
	nat/1 attended the		nd		1049 10	1/6	7 .201	2) that I last		
	diff dilended the	decedi	1 - 1		171-1-, 10	y				
alive on	19	12	and that d	leath a	courred at		m the causes o			
	11 7	0				ADDRESS (S	ilreet, city or tawn,	state)	,/1	DATE SIGNE
ACTUAL	1000	2	auks	мг	16 4	X0 CO	ost-	1	1/1	1600
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PHYSICIAN'S NAME (Type)	NIHIH	40	1165		Can	Mer N	Oac .	Tha.	0-	. 0
	, ,	// /						, rea	Car	
22a. BURIAL, CREMATIC REMOVAL (Specify	ON, 226. DATE THEREO	F	22c. NAME OF CEMET	ERY OR C	REMATORY	22d. LOCA	TION Kity, town,	or county)	(Sto	ate)
Burial	1/12/60		Dorchester	Mom	Pank	Con	phridae	Monrelle	0	
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS		Control of the Contro	C'D BY REGIS		STRAR'S SIGNA	TURE	
Le Compt	e Funeral S	ervi	ce, Cambridg	ge. M						
Tie compo	o rame o			,,,	DATE	JAN 1 8	160 1	Telling &	Truck	

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY		U	MARYLAND	O. STATE		d. If institution: Res b. COUNTY	idence before admission)
	lorchester Co 		c. LENGTH OF STAY IN 16	c. CITY OR TOW	N (If outside corporate	limits, write RURAL	rchester Co.
	Maryland		Life	X Winne	. Manual and	DED	11 -
d. NAME OF HOSPI	TAL OR INSTITUTION (IF	not in hospi		d. STREET ADDRE		l, R.F.D.	e. IS RESIDENCE ON A FARM?
None				Non			YES A NO
3. NAME OF DECEASED (Type or print)	First Winfiedd		Middle Scott	lost Willey	4. DATE OF DEATH	Month	Day Year
5. SEX	6. COLOR OR RACE	· MARRIED	NEVER MARRIED   8	DATE OF BIRTH	9. AG	E (In year FUND	ER TYEAR IF UNDER 24 HRS.
Male	White	WIDOWED	DIVORCED [	9/23/7890		rs.	Duys Hoors Min.
10a. USUAL OCCUPAT during most of work	ION (Give kind of work doing life, even if retired)	ne 10b. Kil	ND OF BUSINESS OR INDUST		tote or fareign country)	12. 0	TITIZEN OF WHAT COUNTRY?
Farmer		F	armer	Mary			U.S.A.
13. FATHER'S NAME				14. MOTHER'S MAIDE	EN NAME		
	niel J. Will			Bertie	Hughes		
15. WAS DECEASED E'	VER IN U. S. ARMED FORCE		OCIAL SECURITY NO. 17. II	NFORMANT		Address	
No	No.		nknown S	cott Wille	y Jr. Vien	na. Md. R	F.D.# 7
18. CAUSE OF DE	ATH [Enter only one cause	per line fo	r (o), (b), and (c).]				INTERVAL BETWEEN ONSET AND DEATH
PART I. DEA	TH WAS CAUSED BY:	Cox	onomy coaluci	ow.			5 min.
420,1	IMMEDIATE CAUSE (6) DUE TO	Col	onary occlusi	OII	Ya La Ta		
, Conditions, if		Cor	onary scleros	is			?
gave rise to imme (o), stating the couse lost.			eriosclerosis	PART IN THE	ed		?
PART II. OT	THER SIGNIFICANT CONDI	TIONS CON	ITRIBUTING TO DEATH BUT N	NOT RELATED TO THE T	ERMINAL DISEASE CON	DITION GIVEN IN P	ART 1(a) 19, WAS AUTOPSY PERFORMED?! YES NOT
20g. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH	USE WAS ENTRIBUTING   20b.	DESCRIBE I	HOW INJURY OCCURRED. (E	inter nature af injury in	Part I or Part II of item	18.)	
20c. TIME OF INJU Hour a. m. p. m.		20d. IN White of work	Not white fact	CE OF INJURY (Home, ory, street, office bldg.,	farm, 20f. (City or tov	m) (C	County) (State)
	hat I took charge of from: Natural co		mains described abo , Accident [], Sui	ve, held an Auto cide [], Homic		tion #, Inqu rmined cause [	piry (#), and find that
ACTUAL SIGNATURE	Eldridg.	E H	Wolff	_ M.D.	AL EXAMINER		DATE SIGNED 29th Jan. 160
EXAMINER'S NAME (Type)	Eldridge H.	Wolff	, M. D.		CAL EXAMINER		
220. BURIAL, CREMATION REMOVAL (Specify Burial	ON, 226. DATE THEREOF		2c. NAME OF CEMETERY OR			City, town, or county	(Stote)
23. FUNERAL DIRECTO			Dorchester M		REC'D BY REGISTRAR	Zab. REGISTRAR'S	SIGNIATURE
		rvice	. Cambridge.		FEB 4 '60		L. Kraus

VS. A15ME(5) 5M 9/55

A15ME(5) M 9/55

or removol.

CONTROL OF COURSE PROPERTY CTAIN LAND STREETS TO GST THE PERSON C. P. C. S. Letter at a SEPHATE CAMPAGE 

VS A1S (4) 1SM 9/5S

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MARYLAND	STATE	<b>DEPARTMENT</b>	OF HEALTH	-BALTIMORE,	18

**CERTIFICATE OF DEATH** 

			0622	CERTI	FIC	ATE O	F DEAT	Н		Reg. D	ist. No.	00621
1.	PLACE OF DEATH	chester C		MARY	LAND	2. USUAL o. STAT	E		d lived. If institu b. COUNT		nce before ad	Imission)
	b. CITY OR TOWN (III	f outside carporate		c. LENGTH OF STAY	IN 1b	c. CITY	OR TOWN (IF		orate limits, write	RURAL and	cheste give nearest	town)
	Cambridge.		D.#2	40 Years	3	X Cam	bridge.	Md. I	0 F D # 4	2		
	d. NAME OF HOSPIT OR INSTITUTION None			address)		d. STR	ET ADDRESS	1100-1	vor allan e	-30	0	RESIDENCE IN A FARM?
3.	NAME OF DECEASED (Type or print)		First Mary	Middle		T.T.2	Last	4. DATE OF DEATH		onth	Day	Year
5.	SEX	6. COLOR OR RA		RIED NEVER MARRI	ED []	B. DATE OF	ngate BiRTH	N TO THE	9. AGE (In year	IF UNDE	R 1 YEAR IF U	
	Female	White	WIDOW	1	_	7/2	0/2000		last birthday)		Days Ho	urs Min.
10	a. USUAL OCCUPATIO	N (Give kind of w	rark dane 10b.	KIND OF BUSINESS C	R INDU	STRY TI, BIF	2/1889 THPLACE (Store	ar foreign o			TIZEN OF W	HAT COUNTRY?
	during most of work	ing life, even if re	tired)			100						
13	Housewife	2		Housewife		Or NOT	ER'S MAIDEN	Virg	inia		J.S.A.	
'						14. ///	ILK 3 MAIDEIN	INNIE				
_	Charles				I.e.		Unknow	n				
15	es, no. or unknown)	R IN U. S. ARMED (If yes, give wor or date	FORCES? 16.	SOCIAL SECURITY NO	. 17.	NFORMANT			Ad	dress		
L	No	No	16	Unknown		Lewis 1	Vincate	Can	hnida	Ma D	T D	11 2
	18. CAUSE OF DEA	TH [Enter only or	ne couse per li	ne for (a), (b); and (c).		1		-			INTERVA	L'BETWEEN
	PART I. DEA	TH WAS CAUSED	BY: Off	huttere	/	utar	ushin	il.	e (/1)		ONSET	ND DEATH
	14113X		E TO	1		0000	· - ma		- 40		1	
			19	relient 9	4	, , ,	1.11	111	1111. X		111	
	Conditions, if a	mmediate	(b) CE	remail 1	M	vin	25	144	will	1	17	( '
	coese (a), stating lying cause last.		(c) C	regester	45	faut	inell.	audia	delate	su)	a	ute
CERTIFICATION	PART II. OTH	IER SIGNIFICANT	CONDITIONS	The M	ATH BUT	NOT RELATE		IINAL DISEAS	E CONDITION G	IVEN IN PAI	PE	REFORMED?
I E	20g. ACCIDENT WA	S LINDERLYING F	20h DES	CRIDE HOW INJURY O	CCLIRRE			Port I or Po	rt II of item 18 )		123	1402
ERT	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DE	ATH	CARRELITOR INCOME	CCORRE	D. (Emer nor	310 Ot 111 01 / 111					
	20c. TIME OF INJUR			ALLIEN OCCUPATO	20- 81	ACE OF INIT	10V /11	1000 (5)				
MEDICAL	Hour o.m.	1 Month, Day,	Year 20d. II While at wor	NJURY OCCURRED  Not while  of work	fo	ctory, street,	JRY (Home, for office bldg., et	m, 120t. (Cit c.)	y or tawn)	(	(County)	(State)
	21. I certify th	nt Lattended	the deceas	ed from h	ne	19_	39, to	Grave.	-27, 18/00	1 that I	last sow t	he decease
	alive on	Car i'V	2/ 10/	1 -1				4				
	dive on		17.0	, ond that	aean	occurred	OL_16254		m the causes		he date si	
	ACTUAL /	11/1/	null.	101-		1		AUDRESS (	itreet, city or town	, store)	0	DATE SIGNED
	SIGNATURE	MIM	ewy			M.D	aur	91	LUL		fue	12/60
	PHYSICIAN'S NAME (Type)	ames	U.	Ihoul	, S.	ou						
22	. BURIAL, CREMATIO	N, 22b. DATE TH	EREOF	22c. NAME OF CEM	ETERY C	R CREMATO	RY	22d. LOCA	TION (City, town,	or county)	1	Stote)
	REMOVAL (Specify) Burial	1/31	/60	Donaha-+	- N	fam D	1-					
23	FUNERAL DIRECTOR	S SIGNATURE		Dorchest.	to be	iem. P		D BY REGIS	mbridge	Mary SISTRAR'S SI		
			Semmio	e, Cambrid	CO	Massa		EED A	'60		S. Kraus	
_	Omp 06	- mierat	ACTATO	C. Califor.TG	KE .	THE VIC	HIO PAIE	石匠器 竹	001	Limina	A. I Wall	M.

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